

AMPS Request for Disclosure

Date Request: _____

Defendants Name: _____

Penalty Notice Number(s): _____

Hearing/Screening Date/Time: _____

Requested By: _____

Phone Number: _____ Email: _____

Disclosure requested: Penalty Notice(s) Photographs
 Officer's Notes

Notice to Defendant/Counsel/Agent

(All the above information is required to process this request)

Date contacted for pick up: _____

Picked up by: _____
(Please print name)

Signature: _____

Released by: _____ Date: _____

The personal information on this form is collected in accordance with the Municipal Act, 2001, and will be used in the administration of the Administrative Monetary Penalty System. Questions about this collection can be directed to Town Clerk, P.O Box 100, 100 Dissette Street, Units 7 & 8, Bradford, ON L#Z 2A7, 905-775-5366.