

Authorization to Act as an Agent

Complete this Form if you are authorizing a person to act on your behalf during a Screening Review or Hearing Review appointment. This Form must be completed and signed by the person to whom the Penalty Notice/ticket is issued.

The authorized person must bring this completed form with them to the scheduled Screening Review or Hearing Review appointment. If the appointment is to be held electronically (either by telephone or zoom), this form must be provided to Legislative Services ahead of the appointment. Please call 519-735-2184 for more information.

I,	hereby authorize	
(print your name)		(print authorized person's name)
to act and appear for me as my to the following Penalty Notice(•	nd/or □ Hearing Review pertaining
(penalty/ticket no.)	(penalty/ticket no.)	(penalty/ticket no.)
completion of this/these matter(I understand that in the event th	• ,	by me. ve fees/charges to be paid following
the Screening Review and/or H consequences for non-paymen	•	or making the payment and for any
Signature		Date
This form is to	o be delivered to Town Hall, at the address	s below or by email to clerks@tecumseh.ca

Privacy Statement The personal information collected on this Form is collected in accordance with the *Municipal Act*, 2001, and will be used in the administration of the Town of Tecumseh's Administrative Monetary Penalty System per By-Law No. 2024-084. Questions about the collection of this information should be directed to Legislative and Clerks Services Department, 917 Lesperance Road, Tecumseh, Ontario; Telephone No. 519-735-2184