



CITY OF YELLOWKNIFE

**Administrative Monetary Penalty System
Request for Review by Screening Officer**

Please deliver this form, once complete, to City Hall, email it to AMPS@yellowknife.ca or mail it to City Hall, 4807 52 Street, Yellowknife, NT X1A 2N4. This form must be delivered to the City within 30 days of the date the penalty notice was delivered, or within 30 days of the final notice.

Name:	Date of Request:
Phone Number:	Email:
Address:	
Penalty Notice Number:	

Statutory Grounds for Reduction or Cancellation of Penalty

A Screening Officer may only reduce or cancel a penalty based on the grounds listed below, as set out in the Administrative Monetary Penalty By-law No. 5054 (the "AMPS By-law"). Please check which grounds are applicable to this situation (refer to the AMPS By-law for more detail).

Grounds for Reduction (s.15(3))		Grounds for Cancellation (s.15(1)(c))	
<input type="checkbox"/>	a. Permit/licence not displayed but valid	<input type="checkbox"/>	i. Contravention did not occur as alleged
<input type="checkbox"/>	b. Minor medical emergency	<input type="checkbox"/>	ii. Penalty Notice does not comply with s.4 of AMPS By-law
<input type="checkbox"/>	c. Personal tragedy, reduction in public interest	<input type="checkbox"/>	iii. Vehicle stolen / used without permission
<input type="checkbox"/>	d. Mechanical problem prevented compliance	<input type="checkbox"/>	iv. Medical emergency
<input type="checkbox"/>	e. Public interest	<input type="checkbox"/>	iv. Immediate health and safety concern

Office Use Only

Received By:	Date Received:
Screening Officer:	



CITY OF YELLOWKNIFE

**Administrative Monetary Penalty System
Request for Review by Screening Officer**

Relevant Information

Include relevant facts and details including why you believe this Penalty Notice should be reduced or cancelled. Please list and attach copies of any relevant documents.

You may be contacted by a Screening Officer or somebody else assisting with this review for more information. Please note that if an administrative penalty is upheld or reduced, you have the right to request an Adjudicator review the decision of the Screening Officer.

The information provided by me in this form is true and correct to the best of my knowledge and ability.

Signature: _____ Date: _____

Office Use Only

Received By:	Date Received:
Screening Officer:	