

Authorization to Act as an Agent

Instructions:

Complete this form if you are authorizing a person to act on your behalf during a Screening Review or Hearing Review. This form should be submitted when completing an online booking request for a Screening Review or Hearing Review.

Please select:

☐ Parking Penalty Notice ☐ Red-Light Camera Penalty Order ☐ Other

I, the undersigned, hereby authorize: _____
to act and appear for me as my agent and provide personal information necessary in the matter
pertaining to the following Penalty/Penalties:

My authorized agent may enter a plea to any penalty they deem appropriate toward a conclusion of this matter. I am aware that if there is a fine to be paid after the Screening Review or Hearing Review, the responsibility to pay the fine rests with me.

I acknowledge that by completing and submitting this form electronically that the Town of Bradford West Gwillimbury is accepting my electronic signature and that the electronic signature will be the legally binding equivalent of my handwritten signature for the purpose of submitting this form.

Name (please print): _____

Signature: _____

Date: _____

The personal information on this form is collected and used in accordance with the *Municipal Act, 2001*, *Highway Traffic Act, R.S.O. 1990, c. H8* and *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56* for the purposes of administering the Administrative Penalty System. Questions about this collection can be directed to the Manager of Legal Services, P.O Box 100, 100 Dissette Street, Units 7 and 8, Bradford, ON L3Z 2A7, 905-775-5366.