

## **Request for Disclosure**

Administrative Monetary Penalty System

The Corporation of the Town of Carleton Place

## **Instructions:**

You must provide the information on this form in order for your request to be processed. Send the completed form by email, mail or dropping it off in person. If you require assistance in completing this form, please call 613-257-6212.

Email: amps@carletonplace.ca

Mail: amps@carletonplace.ca Attention: Clerk 175 Bridge Street Carleton Place, Ontario

**Registered Owner's Information** 

K7C 2V8

Please note: A Request for Disclosure must be received by the Town at least **10 business days prior** to your scheduled Hearing Review appointment. It is your responsibility to follow-up on the status of your request.

## Please print clearly

Last Name		First Name	
Requestor's Conta	ct Information	I	
Last Name		First Name	
Telephone Number	Fax Number	Email	
Town.  Penalty Notice Info	ermation	when the documents are re	eady to be <u>picked up</u> at the
Penalty Notice Numbers	s(s)		
Offence Date(s)		Hearing Date	Hearing Time
Requestor's Signature			Date Requested

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 the Clerks Office, 175 Bridge Street, Carleton Place Ontario, K7C 2V8 or by telephone at 613-257-6212.