TOWNSHIP OF MANITOUWADGE
P.O. Box 910, 1 Mississauga Drive
Manitouwadge, ON P0T 2C0
(807) 826-3227

REQUEST FOR REVIEW BY HEARING

Fields marked with an * indicates required information.	
Personal Information	
First & Last Name*:	P.O. Box Number*:
Address*:	
Telephone Number*:	Email*:
Authorized Representative. This section is to be completed **if** an Authorized Representative is accompanying the Order/Notice Recipient. Authorized Representative must be one of the following: Lawyer, licenced paralegal, or person who is exempt from the requirement to be licensed by by-law pursuant to the Law Society Act, R.S.O. 1990, c. L.8	
First & Last Name:	P.O. Box Number:
Address:	
Telephone Number:	Email:

Reason for Hearing Request – You are required to provide specific reason(s).

☐ **Animal Control Bylaw 2019-07** – Vicious Animal (Part 5, Sec. 5.1(6))
☐ **Noise Bylaw 2021-27** – Temporary Noise Permit: refusal or imposed condition (Part 6, Sec. 6)
☐ **Property Standards Bylaw 2021-__** – Appeal Order (Part 10, Sec. 10.1)
☐ **Taxi Bylaw 2020-07** – License: refusal or imposed condition (Part 10, Sec. 10.1(f))

- Please provide a factual and detailed explanation of your reason(s) for your Review request.
- If you wish to support your Review with images or other documentation, please bring them with you at your scheduled in-person (if applicable) hearing review and attach them to this request.
- The Hearing Decision will be provided to you at the Hearing or it will be sent to you.

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Attachment(s) included (please check the relevant box) ☐ Yes ☐ No

Statement of Order/Notice Recipient

I represent and I agree that:

- I am the Order/Notice recipient or agent;
- I have reviewed the "Authorized Representative" section of this request and I authorize an "Authorized Representative" to accompany me and act on my behalf in this matter as permitted. I understand that I must also attend with the "Authorized Representative";
- I acknowledge that if I fail to appear and fail to remain at my scheduled Hearing until my matter has been determined, I will be deemed to have abandoned my request for a Hearing;
- I have read and understand the conditions of this application.

Signature:	**Date:**

Instructions for Submitting Request for Review by Hearing

Please submit your completed Request for Hearing form to the Township of Manitouwadge by one of the following methods:

a) Regular letter mail to: Township of Manitouwadge (Att: Clerk), P.O. Box 910, Manitouwadge, ON P0T 2C0
b) Email scanned form to: clerk@manitouwadge.ca
c) In-person at the Office of the Clerk, 1 Mississauga Drive, Manitouwadge, ON

Any collection of personal information is made under the authority of the *Municipal Act, 2001*. Personal information is collected in compliance with the *Municipal Freedom of Information and Protection of Privacy Act*.

Personal information is collected for the purpose of following up on the Request. Any questions about this collection should be directed to:
Joleen Keough, Clerk, (807) 826-3227 ext: 223

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Office Use Only – To be Completed by the Clerk	
Date Received:	
Form Complete: ☐ Yes ☐ No	
Action(s) Required: ☐ Forward copy to MLEO for response Date: _____ ☐ Response and order/notice received from MLEO Date: _____ ☐ Forward complete application and response to CAO for approval of Hearing Date:_____	
Actions Taken: ☐ Hearing date established Date:_____ ☐ Notice of Hearing date submitted to Order/Notice Recipient Date:_____ ☐ Confirmation of attendance from Order/Notice Recipient Date:_____	
Hearing Decision attached: ☐ Yes ☐ No	Date Resolved:
Signature of the Clerk:	Date: