



**APPLICATION FOR PAYMENT PLAN  
EXCEPTIONAL HARDSHIP**

**Mail:** Office of the Ombudsman  
407 ETR  
6300 Steeles Ave W  
Woodbridge, ON L4H 1J1

**Call:** 1-888-407-0407    **Web:** www.407etr.com  
**Visit:** 407 ETR, 6300 Steeles Avenue West  
Woodbridge, Ontario, Canada, L4H 1J1

<b>REGISTERED PLATE OWNER</b>		Current 407 ETR Account Number					
Last Name			First Name			Middle Initial	
Address			Apt./Suite No.	City	Province	Postal Code	
Home Telephone ( )		Business Telephone ( )		e-mail address			
<b>PLATE DENIAL INFORMATION</b>							
Licence Plate No. <small>(must be in your name)</small>		Province	Vehicle Make	Vehicle Model		Year	
Sticker Renewal Date			1 Year Renewal	2 Year Renewal	Amount in Plate Denial (dollars)		
<b>SUPPORTING INFORMATION</b>							
Number of vehicles in your household		Licence Plate #:	Licence Plate #:	Licence Plate #:	Licence Plate #:	Licence Plate #:	
Number of licensed drivers in your household		Date of last trip on 407 ETR		Date and amount of last payment made to 407 ETR			
Current residential address (If different than above)				Distance to nearest public transportation (eg. Bus stop, Go Transit, subway station) from your residence			
Address of employment							
<b>PAYMENT PLAN APPLICATION PROCESSING FEE REQUIRED</b>							
[ ] \$30.00, Certified cheque or money order payable to 407 ETR is attached.							
<b>BRIEF SUMMARY OF APPLICANTS POSITION</b> <i>(you may use this form or provide your own)</i>							
Please provide the applicant's position regarding the application for a Payment Plan due to Exceptional Hardship. (E.g. Any 'Compassionate Grounds' that may exist that should be taken into consideration? What documents or evidence are you relying on and how do they support the application for a Payment Plan due to Exceptional Hardship?, etc)							
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<b>APPLICANTS POSITION/SUPPORTING MATERIALS</b>							
[ ] I have attached my position and all the written material that I intend to use to support my application.							
[ ] I have attached my position and some of the supporting material. More material will follow shortly.							
Name (Please Print)			Signature			Date	

**\*The application must be accompanied by a certified cheque or money order in the amount of \$30.00, made payable to 407 ETR. The filing fee of \$30.00 will be credited towards their 407 ETR account. Please return this completed and signed form, your written material (including applicant's position and evidence) and filing fee to:**

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Woodbridge, ON L4H 1J1**