



Request to Review a Parking Infraction Notice

Contact Information:

Name: _____

Address: _____

Home #: _____ Work #: _____

Ticket Information:

Ticket #: _____

Meter #: _____

Date Ticket Received: _____

Location of offence: _____

Vehicle Plate #: _____

Reason for review or why the ticket should be cancelled:

Signature

Date

Office Use:

Date reviewed: _____ Cancelled (Yes or No): _____

Supervisor's comments: _____