

PARKING TICKET DISPUTE FORM

Ticket No. _____

Date: _____

PLEASE GIVE EXPLANATION FOR COMPLAINT:

TIME PARKED: _____ **A.M./P.M.**

TIME RETURNED TO VEHICLE: _____ **A.M./P.M.**

AMOUNT DEPOSITED: _____

I hereby affirm that the above information is correct and that I am subject to prosecution if any of the above statement and details I have given are proven false.

I understand and recognize that it will be at the Corporate Administrator's discretion to accept or reject this complaint.

PLEASE PRINT

FOR OFFICE USE ONLY

NAME: _____

ACCEPTED: _____

ADDRESS: _____

REJECTED: _____

CITY: _____

CORPORATE ADMINISTRATOR: _____

POSTAL CODE: _____

METER WORKING O.K.

PHONE: _____

METER NOT WORKING

EMAIL: _____

BYLAW OFFICER COMMENTS: _____
