

TO: BYLAW ENFORCEMENT OFFICER

Parking Ticket Number: _____

Date of Offence: _____

Full Name of Person in Receipt of Ticket: _____

Mailing Address: _____

Reason for Dispute (attach separate sheet of paper for additional information if required):

SIGNATURE

DATE

TELEPHONE NUMBER

FOR OFFICE USE ONLY

FOLLOW UP INFORMATION:

- Responded to by (employee name): _____
- Date & Time of Response: _____
- Nature of Follow Up: _____

Customer Service Representative to complete:

Form received by: _____ Date: _____ Time: _____