

FOR INTERNAL USE ONLY



CITY OF SALMON ARM - PARKING TICKET DISPUTE FORM

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: _____