



Date Received: _____

Request for Parking Ticket Review

Use this form to request Town staff to review your parking ticket. Staff will attempt to contact you as soon as a review is complete. Please provide any proof of parking payment (parking pass or receipt) to the service counter at either The Ross Whicher Centre or Town Hall when you submit your form or by fax 519-534-4976/email copies to alicia.abel@southbrucepeninsula.com.

This form cannot be used to request a trial. To request a trial or to pay your ticket, please follow the instructions on the back of the ticket.

Parking Ticket Information

Ticket Number: _____ Ticket Issue Date: _____

Your Name: _____

Contact #: _____ Email: _____

Reason for Review

- Valid Parking Permit/Receipt** – provide the parking permit/receipt
- Other** – Explain why the ticket was issued in error

Comments: _____

_____ The person information on this form is collected under the authority of the Municipal Act, 2001, s. 227 and the Town Policy. The information is used for the parking ticket review process including, but not limited to, conducting the review and contacting the requestor.

Office Use Only

Date: _____ Contacted Left Message No Answer

Date: _____ Contacted Left Message No Answer

Date: _____ Contacted Left Message No Answer

Results: Valid Ticket Ticket Cancelled Reviewer's Initials _____

Notes: _____
