City of Trail
PARKING CITATION DISPUTE FORM

CITATION NO.: _____ **DATE OF CITATION:** _____
LICENCE PLATE NO.: _____ **CURRENT DATE:** _____

PLEASE PROVIDE EXPLANATION FOR COMPLAINT:

_____

_____

_____

_____

_____

TIME PARKED: _____ **TIME RETURNED:** _____

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.

The City will provide a response only in the event the complaint is rejected.

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE: _____

EMAIL: _____

FOR OFFICE USE ONLY

ACCEPTED: _____

REJECTED: _____

CORPORATE ADMINISTRATOR: _____

( ) METER WORKING

( ) METER NOT WORKING

BYLAW OFFICER COMMENTS: _____

_____

_____