City of Trail

PARKING CITATION DISPUTE FORM

Citation No. _____ **Licence Plate No.** _____
Citation Date _____ **Current Date** _____
Name _____ **Address** _____
Phone _____ **Email** _____

The Following reasons are **NOT** acceptable reasons to cancel a ticket:

- Gone for change/did not have change
- Put money in wrong meter
- Unable to leave appointment
- Did not see signage/did not know about bylaw

Please note that photographs are taken at the time of citation.

PLEASE PROVIDE EXPLANATION FOR COMPLAINT:

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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.

BYLAW OFFICER COMMENTS: _____

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