



CSC Date Stamp

Parking Meter Review Form

Date: _____ Time: _____ Name: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Email Address: _____ Licence Plate #: _____

Ticket #: _____ Ticket Date: _____

Location of Pay & Display/Meter: _____ Meter #: _____

Meter Condition: Jammed Not Registering Time

Additional information: _____

Coinage Used: _____ x \$2 _____ x \$1 _____ x .25 _____ x .10 _____ x .05

Copy of ticket provided

I am requesting the review of the parking meter/pay & display booth in the location noted above. I understand that any information filled out on this form may be used as evidence should this ticket go to trial. By submitting this form it does not mean that I want to have a trial nor does it mean that the fine levels will not increase in 7 days after the issuance of the parking ticket in my possession.

Signature: _____ Date: _____

Please retain your original ticket. You will be notified of our findings by email or mail.

FOR METER SERVICE PERSONNEL ONLY

DATE: _____ CHECKED BY: _____

METER FOUND TO BE: SATISFACTORY UNSATISFACTORY

STAFF REMARKS: _____

For Customer Service Staff Only

DATE REPLY CARD MAILED/EMAILED: _____ CSC Staff: _____

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to process your parking meter review form. Questions about this collection of personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay (705) 474-0626 ext. 2510.