



CSC Date Stamp

Parking Ticket Review Form

Name: _____ Telephone number: _____

Ticket Number: _____ Date of Parking Infraction: _____

I am requesting the review of my parking ticket. I understand that:

1. this is a courtesy and that any information filled out on this form may be used as evidence should this ticket go to trial.
2. by submitting this form it does not mean that I want to have a trial.
3. by submitting this form it does not mean that the fine levels will not increase in 7 days after the issuance of the ticket.

Signature: _____ Date: _____

Do you have any prior parking tickets: YES NO

Do you have a valid Accessible Parking Permit (APP) in your name: YES NO

If yes, please submit a copy of the permit and your photo ID with this form.

Was the Parking Permit, Parking Tag or Parking Stub properly displayed and visible from outside the vehicle? YES NO

Please provide further details: _____

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 ticket review. 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.