

APPEAL NOTIFICATION FORM



Send to: Private Car Parking Enforcement Agency
PO Box 346
WA16 6UR

From Name:
Address:

Postcode:
Telephone:
Mobile:

Notice Number:
Registration:
Date Issued:

Important notice: Please ensure that all boxes are completed and you sign the declaration below: Appeals will not be responded to when information is incomplete. We are unable to take responsibility for appeals not received, we therefore suggest that you send this form enclosed with any additional documentary evidence by recorded delivery to the above address. All appeals must be received within 14 days of ticket issue.

I wish to appeal against the issue of the above notice for the following reasons;

Declaration:

I hereby declare that the above statement is true and I have not knowingly provided false information:

Signature: _____ Date: _____ Pages: _____