PARKING INFRACTION REVIEW FORM

Office of the City Engineer
Bylaw Department
944 James Street, P.O. Box 1539
Woodstock, ON N4S 0A7

I hereby request that the Corporation of the City of Woodstock Bylaw Department review the following Parking Infraction Notice # _____.

☐ I am the registered Owner of the Vehicle

☐ I am authorized by the registered Owner of the vehicle to make this request

NAME	
ADDRESS	
POSTAL CODE	
PHONE NUMBER (HOME)	
PHONE NUMBER (CELL)	

Please provide a factual and detailed reason for your request to dispute this Offence:

Review forms submitted during the "Early Payment" time period will allow the suspension of the time period until the review is concluded.

Applicant Signature **Date**

FOR OFFICE USE ONLY

By-Law Enforcement Comments:

Conclusion of the Review and Date Contacted:

City Hall/Engineering Office – Review taken by:_____

Submit your completed form along with a copy of your parking ticket to the City of Woodstock in person to address noted above, by fax to 519-421-3250 or email to bylawenforcement@cityofwoodstock.ca