



Parking Appeal Form: Request for a Parking Offence Notice Review

Ticket Number:

Date of Ticket:

Vehicle Registration Number:

Full Name:

Postal Address:

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Phone Number:

Reason for Appeal:

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Signature: Date:

*Please return this application to Waitaki District Council, 20 Thames Street, Private Bag 50058, Oamaru 9444
Phone 03 433 0300 Email service@waitaki.govt.nz*

OFFICIAL USE ONLY

Action taken: