

APPEAL APPLICATION

Phone: 09 377 4040
Fax: 09 377 4044

Address:
PO Box 90 930
Auckland 1142



Application (Provide details person to whom notice was issued)

Full name:

Are you a monthly card holder:

Yes

No

Business/Company name:

Address:

Home Phone No:

Work
Phone:

Mobile:

Email:

Breach Notice (Provide details of payment notice you are disputing)

Breach No:

Vehicle Registration:

Notice Issue Date:

hnjg
dd mm yyyy

mm

yyyy

Car Park:

Complaint (Provide Details)

Have you previously lodged a complaint regarding this payment notice

Yes

No

Please provide Details of Complaint (Attach any applicable evidence. If insufficient space attach additional pages/s:

Explain what you would like to see happen as a result of the complaint.

Applicant's Signature:

Notice Issue Date:

dd

mm

yyyy

Result

Date Advised

Date Received