

**PARKING OFFENCE  
NOTICE  
REVIEW REQUEST**

**THE CORPORATION OF THE DISTRICT OF SAANICH  
POLICE DEPARTMENT  
760 VERNON AVENUE,  
VICTORIA, B.C. V8X 2W6  
ATTN: TRAFFIC SERGEANT**

*PLEASE PRINT*

(NAME)

(ADDRESS)

TELEPHONE NUMBERS:

(CITY)

RESIDENCE:

(POSTAL CODE)

WORK:

PARKING OFFENCE NOTICE #

DATE OF ISSUE:

**REASON FOR INQUIRY/DISPUTE:**

(Provide full details. Use reverse side of form for a sketch if you consider that it may help.)

SIGNATURE: \_\_\_\_\_

(PLEASE RETURN COMPLETED FORM TO THE SAANICH POLICE DEPARTMENT)

**FOR POLICE INVESTIGATION**

DATE DISPUTE FORM PASSED FOR INVESTIGATION:

CASE NUMBER:

**RESULTS OF INVESTIGATION:**

- Parking Offence Number \_\_\_\_\_ has been thoroughly checked and reviewed with the issuing officer and our findings indicate that it is valid as issued and will not be revoked. This decision is final and further appeal action will have to be taken in Court.
- Parking Offence Number \_\_\_\_\_ has been thoroughly checked and reviewed with the issuing officer and our findings indicate that cancellation action is warranted.

**ISSUING OFFICER:**

**SUPERVISOR:**