

**PARKING OFFENCE  
NOTICE  
REVIEW REQUEST**

THE CORPORATION OF THE DISTRICT OF SAANICH  
BYLAW & LICENSING DIVISION (PARKING ENFORCEMENT)  
770 VERNON AVENUE  
VICTORIA, BC V8Z 2W7  
ATTN: SENIOR BYLAW ENFORCEMENT OFFICER  
FAX: (250) 475-5429  
EMAIL: PARKING@SAANICH.CA



(PLEASE PRINT)

Name:

Address:

**TELEPHONE NUMBERS**

City:

Home:

Postal Code:

Cell:

Email:

Work:

**PARKING OFFENCE NOTICE #**

**ISSUE DATE:**

**REASON FOR INQUIRY / DISPUTE:**

Provide full details. Use reverse side for sketch if necessary.

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

RETURN COMPLETED FORM TO DISTRICT OF SAANICH

**FOR BYLAW INVESTIGATION ONLY**

**DATE DISPUTE RECEIVED:**

**CASE NUMBER:**

**RESULTS OF INVESTIGATION:**

\_\_\_ Parking Offence Notice # \_\_\_\_\_ 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.

\_\_\_ Parking Offence Notice # \_\_\_\_\_ has been thoroughly checked and reviewed with the issuing officer and our findings indicate that cancellation action is warranted.

**ISSUING OFFICER:**

**SENIOR BYLAW ENFORCEMENT OFFICER:**