

**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: