

2 KING GEORGE PLACE
P O BOX 522
TIMARU 7910
TELEPHONE (03) 687 7200
FACSIMILE (03) 687 7209



PARKING INFRINGEMENT EXPLANATION FORM

TITLE MR / MRS / MISS / MS / DR

SURNAME _____

FIRST NAMES _____

RESIDENTIAL ADDRESS (Street) _____
(Town) _____ (Postcode) _____

FAX OR E-MAIL ADDRESS _____ TELEPHONE NUMBER _____

OWNER **USER** (Tick Box)

NOTICE NUMBER _____ DATE OF ISSUE _____

OFFICER'S NUMBER _____ CAR REGISTRATION _____

VEHICLE MAKE _____

EXPLANATION

SIGNATURE _____ DATE _____