

**PARKING TAG FACILITY - FIRST ATTENDANCE  
REQUEST FOR PARKING INFRACTION SUPERVISORY REVIEW (RPISR)**

**TO BE COMPLETED BY COMPLAINANT:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_

PARKING TAG #: \_\_\_\_\_ DATE OF VIOLATION: \_\_\_\_\_ TIME: \_\_\_\_\_

PLATE NUMBER: \_\_\_\_\_ VEHICLE MAKE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

MUNICIPALITY OF ISSUE: \_\_\_\_\_

THE REASON FOR MY REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM THE REGISTERED OWNER OF THE VEHICLE.

I AM AUTHORIZED BY THE REGISTERED OWNER OF THE VEHICLE, TO ACT AS AGENT TO MAKE THIS REQUEST

I UNDERSTAND THAT I WILL BE NOTIFIED OF THE DECISION OF THE REVIEW BY THE MUNICIPALITY'S PARKING TAG FACILITY WITHIN TWO WEEKS OF THE DATE HEREUNDER.

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

**OFFICE USE ONLY:**

ACTION TO BE TAKEN:	INITIAL WHEN COMPLETED	COMMENTS
1. CHECK WITH ISSUING OFFICER	_____	_____
2. CHECK SIGNING, DATE, PLATE, ETC.	_____	_____
3. OTHER	_____	_____

TICKET CANCELLED     TICKET REMAINS VALID     PLEASE PAY TICKET OR REQUEST A TRIAL

REVIEW COMPLETED BY: \_\_\_\_\_  
Signature

To receive a trial date, please complete the back portion of the pink ticket and return it to the Central Parking Tag Facility. A Notice of Trial will be sent by regular mail.

COMPLAINANT NOTIFIED ON: \_\_\_\_\_ BY: MAIL     PHONE     IN PERSON