



1 Centennial Square T 250.361.0260
Victoria, BC E parkingservices@victoria.ca
V8W 1P6

Request for Parking Ticket Review

FOR OFFICE USE ONLY
File # _____

Name: _____

Licence Plate: _____

Address: _____

Ticket No.: _____

City: _____

Date: _____

Province: _____ Postal Code: _____

Vehicle Owner:

Email or Phone: _____

Yes No

Reason to Request Review

Please provide details below. Once the form is completed, you can save the file and attach it to an email with supporting photos and other documentation. The maximum email size is 10MB. Please send your email to: parkingservices@victoria.ca