

Medicine Hat Police Service Parking Ticket Appeal Form

PLEASE NOTE: Form must be received within fourteen (14) days of ticket issue date. Return by fax (403) 529-8473, email mhps@mhps.ca or drop off at MHPS, 884 -2 Street SE.

Appeals submitted within seven (7) days of issuance of ticket and returned are eligible for the appropriate reduction where applicable from the time the form is completed by the complainant.

Received by: _____ Date: _____

Complaint #: _____ Tag # & Date: _____

COMPLAINANT

Name: _____ Phone # _____

Address: _____ Cell# _____

City: _____

Postal Code: _____

****NOTE**** It is the responsibility of the **COMPLAINANT** to contact the Medicine Hat Police Service at (403) 529-8476, if your letter of outcome is not received in the mail within a one (1) week period.

I wish to appeal the above parking ticket for the following reason:

Issuing Officer Comments:

Ticket to be cancelled: _____ Ticket to proceed: _____

Supervisor Comments:

Bylaw Supervisor: _____ Date: _____

Should this appeal be refused, no further action will be considered by the Medicine Hat Police Service. The accused does retain the right to defend the charge through the legal system.