

Violation Ticket Notice of Dispute

Date submitted _____

Ticket # _____

Name _____

Address _____

Phone # _____

E-mail _____

Preferred means of correspondence (check one)

Mail

Telephone

E-mail

I, the undersigned, hereby acknowledge that I have received or been notified of a violation ticket served for an alleged violation of a bylaw of the City of Port Alberni and I submit that I am innocent of the charge for the following reason(s):

I prefer to schedule an appointment with the City Planner to present my reasons orally (please check box)

Signed _____

Date _____