

## Appeal against an Excess Charge Notice

**Part one** (Please complete in block capitals. Fields marked \* are mandatory)

Your details

Title: Mr/Mrs/Miss/Other\* (delete as appropriate)

First Name \*

Surname \*

Address Details

House name or number \*

Street Name \*

Town / Village\*

Postcode \*

Email address

Daytime telephone number

Excess Charge Notice Details

Excess Charge Notice number \*

Vehicle registration number \*

Location of vehicle when ECN received


### Part Two

I wish to appeal against the above mentioned Excess Charge Notice because:


**What happens next?** This form will be passed to the Parking Services Appeals Officer who will look at the evidence and normally reply within seven days. If you respond within the initial 7 days and your appeal is rejected, the deadline to pay the discounted amount of £30 will be extended for a further 7 days.