

Appeal Form

If you wish to appeal against your Parking Charge, please complete this form in BLOCK CAPITALS and return to: UKPC, PO Box 1608, High Wycombe, HP12 9FN. Please state your reason for appeal (Use a separate sheet if necessary and enclose any supporting documents).

Appeal Description:

Details:

Parking Charge Date:	Full Name: (Mr/Mrs/Ms/Miss)
Parking Charge Ticket Number:	Address:
Vehicle Registration Mark:	
Vehicle Make / Model:	Postcode:
Contact Number:	Please enclose any supporting documents.
Signature of Vehicle Keeper/Owner/Driver	Date (dd/mm/yyyy)
X	