Parking Review Form

Before completing this form please read Objections Guidelines.

Please provide details of person who received the parking fee tax invoice

Full Name of Person:
Company Name (if applicable):
Address:

State: Postcode:
Home Phone: Work Phone:
Mobile: Email:

Ticket Notice - ***details of parking fee tax invoice you are objecting to:***

Parking invoice No: Vehicle Rego No:

Parking invoice Date: / / Car Park:

The completed form must be signed and posted, faxed or emailed to:

Parkpay Pty Ltd
PO Box 2065
Windsor Qld 4030
Fax 07 3357 6509
objections@parkpay.com.au

Objection *details*

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Please attach additional pages in addition to any evidence you consider helpful if there is insufficient space on the form.
Is this the first time you have lodged a complaint regarding this ticket? Yes / No

Signature: Date: / /

Ph: 1300 727 510 **Fax: 07 3357 6509** **Email: objections@parkpay.com.au**

OFFICE USE ONLY

Date received / / Action: Date actioned: / /