

### APPLICATION FOR DISPUTE OF PARKING VIOLATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Employee /MSP No: \_\_\_\_\_  
VCH Parking Pass No. (if applicable): \_\_\_\_\_ Email Address: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

**Explain why you believe this violation should be cancelled:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this page via fax (604.875.4601) or email ([parking@vch.ca](mailto:parking@vch.ca)).**

By faxing this violation for review, it **DOES NOT** guarantee cancellation. Any faxed violations received without details may result in a delay and further notifications being received. You will **ONLY** be NOTIFIED **IF WE ARE UNABLE** TO CANCEL the disputed violation on your behalf.

**Tape parking violation here (Front side Facing Up)**