PENALTY CHARGE NOTICE APPEAL LETTER

To: _____

Name of Issuing Authority / Organisation: _____

Address: _____

Subject: Appeal Against Penalty Charge Notice

I am writing to formally appeal the Penalty Charge Notice (PCN) issued to me as referenced below. I request that the charge be reviewed and subsequently cancelled on the grounds outlined herein.

PCN Reference Number: _____

Vehicle Registration Number: _____

Date and Time of Alleged Contravention: _____

Grounds for Appeal:

1. Incorrect or Insufficient Signage

The signage at the location did not comply with the requirements set out in the Traffic Management Act 2004 or associated regulations, leading to confusion about the parking restrictions in place.

2. Vehicle Not Present at the Time

Evidence indicates that my vehicle was not present at the alleged time of the contravention and therefore the PCN was wrongly issued.

3. Valid Permit or Exemption

I held a valid parking permit/exemption applicable at the place and time of the alleged contravention.

4. Mitigating Circumstances

There were exceptional reasons which prevented compliance with the parking restrictions, such as medical emergencies or vehicle breakdown.

5. Procedural Impropriety

The PCN was not served in accordance with statutory requirements, including failure to provide adequate notice or documentation.

6. Payment Already Made

Payment for the PCN or an earlier notice has already been made in full, as evidenced by attached receipts or bank statements.

7. Other Relevant Grounds

Any other material facts or legal arguments which justify cancellation of the PCN.

Supporting Evidence:

Please find enclosed copies of all relevant evidence supporting this appeal, including photographs, witness statements, receipts, and any other pertinent documentation.

Declaration:

I declare that the information provided in this appeal is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in legal consequences.

Contact Information:

Full Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Signature: _____

Please acknowledge receipt of this appeal and confirm the next steps in the process. I reserve the right to provide any further information if required and to seek independent advice if necessary.

Yours faithfully,

_____

(Signature)