

MTI Ticket No.: _____	Fine Amount: \$ _____
Date Issued: _____	Offence: _____
Full Name: _____	
Mailing Address: _____	
City: _____	Province: _____ Postal Code: _____
Daytime Phone: _____	Email Address: _____

Please deliver, mail, fax or e-mail this form within 14 calendar days from date of ticket issuance.

REASON FOR DISPUTE:

Briefly state your reasons for disputing the Municipal Ticket and the described offence:

Notes: If you do not provide these details, the notice of dispute may not provide sufficient information, and you may be deemed not to have disputed the described offence.

Signature

Date

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to North Cowichan's Privacy Officer at 250-746-3116.