

## Parking Citation Appeal

**Please print clearly. Incomplete or illegible appeals will not be processed.**

Attach a copy of the citation and any other relevant information (*parking receipts, permits, etc.*)

Please submit completed forms to Parking Services by one of the following methods:

Mail - **AHS Parking Services, Alberta Hospital Edmonton, PO Box 307, Edmonton, AB, T5J 2J7**

Email - **parkingviolation@albertahealthservices.ca**

Fax - **780.342.5039**

Personal Information		
Last Name	First Name	Address
City	Postal Code	Phone ( <i>xxx.xxx.xxxx</i> )
Email Address		Licence Plate # of Tagged Vehicle
Appeal Information		
Citation Number	Location of Citation ( <i>hospital, clinic, etc.</i> )	
Reasons for Appeal ( <i>attach additional pages if needed</i> )		
Signature		Date ( <i>yyyy-Mon-dd</i> )

*The personal information collected by this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about AHS' collection of your personal information please contact AHS Parking Services, Project Manager, Policy Development and Risk Management; Second Floor, Building 9 Alberta Hospital Edmonton, 17480 Fort Road NW, Edmonton, AB T5J 2J7 or phone at (780)342-5028.*