**Clamping Appeals Form**

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| **Name:** |
| **Address:** |
| **Contact Telephone:** |
| **E mail Address:** |
| **Immobilization notice number:** |
| **Date of clamping:** |
| **Car registration:** |
| **Make & Model:** |

**Please state reason for your appeal below**

(Additional forms may be used as required)

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***Appeal must be received within 21 Days of parking infringement. Late appeals will not be considered.***

**Signature: Date:**