



Return Address:
 Glasgow City Council
 PO Box 25068
 Glasgow
 G1 1ZE

BUS LANE/PCN APPEAL FORM

N.B. Please write in black ink and in capitals.

NAME: _____

CONTACT TEL NO: _____

ADDRESS: _____

EMAIL: _____

_____ POSTCODE _____

Notice No:	Date Of Issue:	Vehicle Registration Mark:
Location:	Contravention:	Original P&D ticket?
		YES/NO

Please Note:

Where applicable; supportive documentation must be attached.
 All appeals will receive a written response in due course.

COMMENTS – please provide your reason for appealing below.

Signed: _____ Dated: _____

For Official Use Only:	
Received at Service Desk by	
Name:	Date: