

# OBJECTION FORM

Before completing this form please read the Guidelines at [www.pripark.com.au/objections.cfm](http://www.pripark.com.au/objections.cfm)  
The completed form is to be signed and posted or faxed to:

**Parking Complaints Review Manager  
Pripark Pty Ltd  
PO Box 1777  
Toowong BC Qld 4066**

**Fax:** 07 5591 9188

## ***Details of person who got the parking fee tax invoice***

Full Name of Person:

Business/Company Name (if applicable):

Address:   
 State:  Postcode:

Home Ph:  Work Ph:  Mobile:

Email:

Payment Notice - details of parking fee tax invoice you are objecting to

Parking invoice No:  Vehicle Rego No:

Parking invoice Date:  Car Park:

## ***Objection details***

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If there is insufficient space please attach additional pages in addition to any evidence you consider helpful.

Is this the first time you have lodged a complaint regarding this ticket? Yes / No

Applicant's Signature:  Date:

## **OFFICE USE ONLY**

Date received:  Action:  Date actioned:



**Ph:** 1300 720 533  
**Fax:** 07 5591 9188