

# Statement/Appeal in Respect of the Issue of a Penalty Charge Notice (PCN)



Please fill in this form and return it to **Parking Services, P.O. Box 221, Twickenham TW1 3TL;**  
or scan and email to **parking@richmond.gov.uk;** or fax to **020 8891 7798**  
**Remember to attach copies of any supporting evidence.**

## PENALTY CHARGE NOTICE DETAILS

NOTICE NUMBER: R T 

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DATE OF ISSUE: 

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VEHICLE REGISTRATION: 

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LOCATION: 

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## STATEMENT/APPEAL

[Explain why you think the PCN should not have been issued. Continue on reverse side of this form if necessary]

## DRIVER/OWNER DETAILS

### YOUR DETAILS

MR/MRS/MISS/OTHER TITLE \_\_\_\_\_

SURNAME \_\_\_\_\_ INITS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE 

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### VEHICLE OWNER DETAILS (IF DIFFERENT)

MR/MRS/MISS/OTHER TITLE \_\_\_\_\_

SURNAME \_\_\_\_\_ INITS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE 

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SIGNATURE \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_\_\_

**USE OF YOUR INFORMATION STATEMENT**

The Council respects your privacy rights and is committed to ensuring that it protects your details and the information about your dealings with the Council. The personal information that you provide on this form will be used by the Council to: assess your challenge against the penalty charge notice(s) and/or collect debt in relation to the notice(s), and: meet its statutory obligations, prevent and detect fraud, and conduct surveys and research.

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is

lawful to do so) with other Departments within the Council, central - government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf.

You have a right to see your information (subject to certain exceptions and payment of a fee). If you have any requests concerning your information or any queries with regard to the Council's Parking Contractor or the Council's processing of information, please contact Parking Services at the address shown at the top of this form.

**STATEMENT/APPEAL (continued)**

SIGNATURE \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_\_\_