

NOTICE

We, COMPLETE PARKING SERVICES, hereby notify you that you have parked on private property without displaying a valid pass or sufficient valid dispenser ticket(s), or have otherwise improperly parked, as detailed below.

Please remit \$30.00 within 7 calendar days (reduced to \$20.00 if paid within 72 hours or 3 business days) of date of issue of this notice.

TICKET NUMBER		No 004483			LICENSE YEAR
DATE ISSUED	YEAR	MONTH	DAY	TIME	
LICENSE NO.		PROV.		MAKE	
LOCATION				LOT NO.	

- Failure to display valid parking receipt
- Parking receipt expired _____
- Meter expired _____
- Restricted _____

FOR PAYMENT DETAILS PLEASE SEE REVERSE

As an alternative to having your vehicle towed (and held for any applicable towing and storage charges) we claim the above amount as damages. If you fail to pay the amount, your vehicle may be towed if it is again improperly parked on property operated by us. We may also take further action to collect the above amount, including legal action in which case we would also claim costs and interest.

THE LEGAL AUTHORITY TO CLAIM THE ABOVE AMOUNT OR HAVE YOUR IMPROPERLY PARKED VEHICLE TOWED ARISES UNDER THE LAW OR TRESPASS (OR, IN CERTAIN CIRCUMSTANCES, UNDER THE LAW OF CONTRACT).

To make an enquiry or dispute this notice, please call:
519-282-9446.

THIS NOTICE MUST ACCOMPANY PAYMENT

EXPLANATION OF AMOUNT

The amount is set to cover the cost of patrol and collection, including direct government fees and services.

IF YOU HAVE QUESTIONS

to make an enquiry or dispute this notice, please call:

519-282-9446

HOW TO PAY

THIS FORM MUST ACCOMPANY YOUR PAYMENT. You may pay by cheque, money order, VISA, MasterCard, as follows:

BY MAIL:
P.O. Box 44056
141 Dundas Street
London, ON N6A 5S5

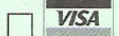
DO NOT MAIL CASH!

MAKE CHEQUES PAYABLE TO:
COMPLETE PARKING SERVICES

To Pay By Credit Card Is Easy:

1. Just fill-out the information requested below.
2. Include your credit card type, number and expiry date.
3. Don't forget to sign!
4. Enclosed completed form in the envelope provided and drop it in the nearest mail box.

Credit Card Type



Cardholder Name _____

Card No. _____ Exp. Date _____

Signature _____

By the evidence of my signature, I hereby authorize the amount set out on the reverse to be charged to my credit card number as noted above.