

ATHLONE TOWN COUNCIL
APPLICATION TO RECONSIDER PROSECUTION OF TRAFFIC FINE
TRAFFIC WARDENS ACT 1975

Name: _____

Address: _____

Telephone No. _____

Notice No.	Alleged Offence:
Registration No.	Public Place:
Date of Offence:	Time:

- REASON FOR APPEAL -

I, the undersigned, wish to appeal against the ticket issued to me as detailed above for the following reason:-

Signed: _____

Date: _____

Traffic Wardens Comments:

Recommendation:

Waive Fine to be paid Signed: _____ Date: _____

Reason: _____

Decision:

Waive Fine to be paid Signed: _____ Date: _____

Comment: _____

Notification sent out: _____ Date: _____