



CITY OF
YORK
COUNCIL

Penalty charge notice objection

TODAY'S DATE	
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PENALTY CHARGE NUMBER	
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VEHICLE REG. NUMBER	
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MR	MRS	MISS	MS	FIRST NAME	SURNAME

YOUR ADDRESS

NO. & STREET	
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TOWN OR CITY	
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COUNTY	
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POSTAL CODE	
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IN THE SPACE BELOW PLEASE WRITE WHY YOU ARE OBJECTING TO THE ISSUE OF THE PENALTY CHARGE NOTICE.

PLEASE CONTINUE OVERLEAF IF NECESSARY