

Independent Parking Appeals Service

2nd Appeal Form

1	Appellant's Name: (Block capitals)	
2	Appellant's Postal Address: (Block capitals)	
3	Name of Parking Enforcement Contractor:	
4	Date of Alleged Offence:	
5	Location where Alleged Offence Occurred:	
6	Registration Number of the Vehicle Involved in the Alleged Offence:	
7	Details of the Alleged Offence:	
8	Clamp Release Fee Paid:	€
9	Clamping Docket Reference Number:	
10	Date of First Appeal Decision:	
11	<p>List of Evidence Supplied to Support this Second Appeal:</p> <p>IMPORTANT Do not assume that IPAS will have access to any original documents, photos etc.</p> <p>Please send copies only as IPAS cannot return any documents submitted.</p>	<p>Tick as appropriate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Parking Ticket <input type="checkbox"/> Copy of Clamping Docket <input type="checkbox"/> Copy of 1st Appeal Letter <input type="checkbox"/> Copy of 1st Appeal Decision <input type="checkbox"/> Photographs with dates and locations <input type="checkbox"/> Witness statements <input type="checkbox"/> Site plans/sketches <input type="checkbox"/> Copy of other documents e.g. doctor's or hospital letter <input type="checkbox"/> Other (specify):
<p>PLEASE ENCLOSE: Cheque or PO for €20 per case appealed payable to "Independent Parking Appeals Service". Appeals submitted without the appropriate fee will not be considered.</p>		
12	<p>Grounds of Appeal: Set out clearly and concisely the reasons you believe that the original clamping decision was wrong and/or should be overturned. Use additional pages if required and ensure that the appeal is legible.</p>	

Signed: _____
Appellant

Date: _____

IMPORTANT: IPAS will not enter into discussions or correspondence with appellants; nor will IPAS undertake site inspections. It is essential therefore that appeal submissions include all relevant information, photographs, sketches, plans etc.