

# Disabled Parking Infraction Citizen Report Form

INCIDENT NO. \_\_\_\_\_



DATE OF INCIDENT D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_  
TIME OF INCIDENT \_\_\_\_\_  AM  PM  
LOCATION OF DISABLED PARKING INFRACTION:  
\_\_\_\_\_

**VEHICLE PLATE #** \_\_\_\_\_  
 AUTO  TRUCK  OTHER  
PROV. \_\_\_\_\_  
MAKE \_\_\_\_\_ COLOUR \_\_\_\_\_

FURTHER DETAILS IF NECESSARY  
\_\_\_\_\_  
\_\_\_\_\_

**INCIDENT REPORTED BY:**  
SURNAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
PHONE # ( ) \_\_\_\_\_ BUS# ( ) \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

Your name will be kept confidential and not disclosed.  
This Citizen Report Form is to be dropped off at the  
confidential box locations noted below or mailed to the  
Clerk's Dept., By-law Division, 37 Sandiford Dr., 4th flr,  
Stouffville, ON. L4A 7X5

**WORKING TOGETHER TO MAKE  
WHITCHURCH-STOUFFVILLE  
"A SAFE PLACE TO LIVE, WORK AND PLAY"**

**DROP BOX LOCATIONS**  
Municipal Office  
Ballantrae Community Centre  
Vandorf Community Centre  
Lemonville Community Centre  
Recreation Complex



**Thank You for Your Co-operation**