How to pay

- On-line at www.boroughofpoole,com/pcn and follow the online instructions.
- By Telephone Automated service on 01202 672932.
 Alternatively, telephone 01202 634240 (during office hours).
- By Post Send your payment and the completed payment slip to: Parking Administration Section, P.O. Box 5038, Poole, BH15 2WG
- In Person at Civic Centre, Poole, BH15 2RU during office hours

If you believe that the penalty should not be paid and wish to challenge this PCN

- On-line at www.boroughofpoole.com/pcn and follow the online instructions, You can also view images of the contravention online.
- Write to Parking Administration Section, P.O. Box 5038, Poole BH15 2WG

Please quote the PCN Number, the vehicle registration and your name and address in all contacts.

Telephone challenges cannot be accepted. However, if you have general enquiries, please telephone 01202 634240.

Details of the Council's policy and approach to challenges can be found at www.boroughofpoole.com or seen at the Council's offices – all cases will be considered on their individual circumstances. If you challenge this PCN within 14 days and the challenge is rejected, the Council will usually re-offer the 14 day discount period.

If the Penalty Charge is not paid or challenged

If the penalty charge is not paid on or before the end of the 28 day period as specified on the front of this notice or successfully challenged the Council may serve a Notice to Owner (NtO) on the owner of the vehicle requiring payment of the penalty charge. The owner can then make representations to the Council and may appeal to an independent adjudicator if those representations are rejected. The NtO will contain instructions for doing this. If you challenge this PCN but the Council issues an NtO anyway, the owner must follow the instructions on the NtO.

Further information about Civil Parking Enforcement (including PCNs and NtOs) is available online at www.patrol-uk.info or in a leaflet available from the Council.

Detach Here	Detach Flere
PAYMENT SLIP	
Please complete the details below and return this s your payment	lip with
Name: Mr/ Mrs/ Miss / Ms	
Address:	
Postcode:	
Daytime phone number:	o / Salo
Amount: £ Valid from:/ Expires of	on:Jam
Card No:	
3 Digit security code: Issue No.	
Name of Cardholder:	
Signature:	sed envelope.