



City Of Revelstoke

BON DISPUTE FORM

Legal Name (please print): _____

Date of Birth (Month/Day/Year): _____

Civic Address: _____

Mailing Address (if different from above): _____

Home Phone: _____

Cell Phone: _____

Email: _____

For the Adjudication Registry to provide you with a Adjudication Hearing date, it is imperative that the above information is complete and correct.

Ticket Number(s): _____

Date of Offence: _____ / _____ / _____
Month Day Year

Location of Offence: _____

Licence Plate No: _____ Not Applicable: _____

Fine Amount: \$ _____

Reasons for Dispute (must be completed):

Signature

Date

Please return in person, by fax or email to:

City of Revelstoke
216 Mackenzie Avenue, PO Box 170
Revelstoke, BC V0E 2S0
Tel: 250-837-3637
Fax: 250-837-4930
Email: bylawenforcement@revelstoke.ca

For Office Use Only:

Date received:

If hand delivered, copy given to Disputant

Received by: