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CANADA
PROVINCE OF QUÉBEC

STATEMENT
OF OFFENCE
(PARKING)

Judicial district
Prosecutor
Defendant
Vehicle owner

PAYMENT: SEE PLEA
FORM

VEHICLE	Licence plate number	Prov/State	Vehicle make	Model	
	Temporary registration certificate		Towing/Vehicle towed to		
	Surname		Given name		
	Address			Apt.	
PLACE	Town/City		Province/State	Postal code	
	Time of the offence		Date of the offence (Y-M-D)		
	From	to	Parking meter number		
	District	Parking sign	Location		
Highway/Road		Direction	Location	Unit	
				<input type="checkbox"/> 1-Facing <input type="checkbox"/> 2-Near <input type="checkbox"/> 3-Opposite <input type="checkbox"/> 4-Inters. <input type="checkbox"/> 5-Rear	
				<input type="checkbox"/> Side <input type="checkbox"/> 1-North <input type="checkbox"/> 2-South <input type="checkbox"/> 3-East <input type="checkbox"/> 4-West	

Description of the offence	

\$	PENALTY	Minimum fine	Costs	Contribution	Total amount
		\$	+ \$	+ \$ = \$	
<input type="checkbox"/> If this box is checked, towing fees of \$ _____ have been added.					

ATTESTATION / SERVICE	ATTESTATION		SERVICE	
	I, the undersigned, certify that I personally witnessed the facts set out in this statement of offence and have reasonable grounds to believe that the above-described offence has been committed.		I certify that I delivered a duplicate of the statement of offence <input type="checkbox"/> at the time of the offence <input type="checkbox"/> subsequent to the commission of the offence <input type="checkbox"/> by leaving it in a conspicuous place on the vehicle <input type="checkbox"/> in another manner (specify):	
	Name (in block letters)		Name (in block letters) <input type="checkbox"/> same as attestation	
	Person entrusted with the enforcement of the Act	Capacity	Person entrusted with the enforcement of the Act	Capacity
<input type="checkbox"/> I did not deliver the duplicate of the statement <input type="checkbox"/> I witnessed the facts and served the duplicate of the statement (only one signature required)		Date of service (Y-M-D)	Time (H-M)	
Signature		Signature		

IMPORTANT

PLEASE READ WARNING NO. 1 ON THE BACK.
HOWEVER, IF YOU ARE UNDER 18 YEARS OF AGE
OR IF THIS BOX IS CHECKED
PLEASE READ WARNING NO. 2 ON THE BACK.

DEFENDANT