

Form IAS – 1

Registration of Applicant and Initial Appeal



Please complete in block capitals and ensure that all fields are completed clearly and legibly.

*Required Field – forms without all required field completed will not be processed.

| | |
|---|--|
| Parking Charge Reference Number* | |
| Vehicle Registration Number* | |
| Name of Company that Issued the Parking Charge* | |

DETAILS OF THE PERSON WHO IS APPEALING

If you are an Appointed Representative you must enter the details of the person who you are acting for here.

If you are the person who is being held liable for the charge you must enter your own details here.

This form will not be accepted without the full name and a serviceable address of the person appealing.

| | | | |
|----------------|--|-------------|--|
| Title | | First Name* | |
| Initials* | | Surname* | |
| Date of Birth* | | | |
| Address* | | | |
| Postcode* | | | |
| Telephone | | Email | |

***In order for your appeal to be processed, you must answer 'YES' to at least one of the following questions. If you do not, your appeal WILL NOT be processed. PLEASE NOTE – FOR CHARGES ISSUED OUTSIDE OF ENGLAND AND WALES THEN ONLY THE DRIVER HAS THE ABILITY TO APPEAL:**

WERE YOU (or the person you are acting for):

| | | |
|---|---------------------|--|
| The DRIVER at the time of the parking event? (please tick) | YES | |
| | NO | |
| | NOT PREPARED TO SAY | |
| The KEEPER of the vehicle at the time of the parking event? (please tick) | YES | |
| | NO | |

Why do you say the parking charge is not payable?

(The adjudicator will only consider the appeal based on the lawfulness of the charge and is not able to consider mitigating Circumstances)

Continue on a separate sheet if necessary

DECLARATION:

The information contained in this form is true to the best of my knowledge and belief and I provide the information knowing that if it is tendered into evidence, I shall be liable to prosecution if I have willfully stated anything which I know to be false or do not believe to be true.

| | |
|------------|-------|
| Signature* | Date* |
|------------|-------|

| |
|------------------|
| Print Full Name* |
|------------------|

| |
|---|
| *I am: THE PERSON APPEALING / THE APPOINTED REPRESENTATIVE (delete as appropriate) |
|---|

Please return to: PO Box 662, Macclesfield, SK10 9NR, or by email to: ADR@theIAS.org. Where forms are returned by email, all future correspondence may be directed to that email address.

Important: If your appeal is to follow the Non-Standard Appeals process, you will also need to complete Form IAS – 2, The Non-Standard Appeals, Payment and Declaration Form.

WARNING: If you register your 'Intent to Appeal' online you cannot switch to the postal service.