



## **Form for Appeal to the Clamping Appeals Officer**

If you wish to make an appeal concerning a vehicle clamping/relocation event to the Clamping Appeals Officer, please **complete** this form and return it to:

**Clamping Regulation Section,  
National Transport Authority,  
1<sup>st</sup> Floor,  
Dún Scéine,  
Harcourt Lane,  
Dublin 2.**

or send it by e-mail to:-

[clamping@nationaltransport.ie](mailto:clamping@nationaltransport.ie)

**Please carefully read the notes at the end of this form before completing it**

**Version: October 2017**

## Form for Appeal to the Clamping Appeals Officer

Your Name:

First Name:

Surname:

Your Postal Address:

Your Postal Address Eircode (if applicable):

Your E-mail Address:

Would you like to correspond with the National Transport Authority (NTA) regarding your appeal via e-mail (please tick one)?

Yes

No

Your Daytime Phone Number:

Your Mobile Phone Number:

Registration Number (of the vehicle concerned):

Date of Enforcement/Date of Clamping Notice:

Location where vehicle was parked:

Name of Parking Controller (this is the company which clamped or relocated your vehicle):

Clamping Notice Number (if applicable):

Was the vehicle relocated (moved to another location by the parking controller) – please tick one?

Yes

No

If yes, please state the location to where the vehicle was relocated:

Amount of Relevant Charge (What was the release fee?):

€

Alleged Offence or Instance of Wrongful or Unlawful Parking (as stated on the Clamping Notice):

Reference Number of Appeal to Parking Controller (if applicable):

Date of Decision on Appeal by Parking Controller:

Grounds of Appeal (please set out clearly and concisely the reasons you believe that the original clamping decision was wrong):



List of Enclosed Documentation (please only enclose copies – originals will not be returned):


*Note: if photographs are included, please indicate the date and time they were taken, if this information is not printed on the images*

**Declaration (which must be signed):**

I wish to appeal the decision of the parking controller with regard to this enforcement event to the Clamping Appeals Officer. I have included all the reasons for my appeal when completing this form. I have read all the notes (1 to 8 inclusive) at the end of this form and the note on personal information immediately below this paragraph.

**Note on Personal Information:** *If you choose to submit personal information to us for the purpose of an appeal, we will only use that information in line with the purpose for which you provided it. We will only share your details with another agency if it is required by law in the pursuance of your appeal. We will retain your data for a period of three (3) years. The NTA does not collect personal data for commercial purposes.*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Notes:

1. **This form should only be submitted if an appeal to the parking controller has already been made and you are dissatisfied with the outcome.** The Clamping Appeals Officer cannot deal with any appeal unless an initial appeal to the parking controller has been concluded and a final decision issued.
2. The form **should be completed in full.** Submission of an incomplete form or of inaccurate information may delay the consideration of the appeal.
3. All the reasons for the appeal must be set out in the form.
4. The completed form must be submitted **within 30 days** after you receive the decision of the parking controller to your initial appeal.
5. All relevant supporting documents (copies only) should accompany this form.
6. The following are examples of documents which may be relevant to your appeal (this list is not exhaustive): witness statement, letter from a doctor, clinic or hospital, copy of a disabled badge (both sides), letter from a garage, letter from a Garda, photographs taken by you (please include date and time), video recordings, parking tickets or receipts, maps, plans.
7. You may include additional pages if there is insufficient space on the form to accommodate all the information you wish to provide in support of your appeal.
8. In submitting this form to the Clamping Appeals Officer, you are consenting to the NTA and the Clamping Appeals Officer accessing, viewing and considering the records, images, data and files of the relevant parking controller with regard to the matters which are the subject of the appeal (including material relating to your first stage appeal) and to the NTA making contact with you, as necessary, in order to facilitate the consideration of your appeal. If there is a method of contact with you which you do not wish the NTA to make use of, please state this clearly in the “Grounds of Appeal” section of the form.