

**City of Corner Brook**

**Traffic Ticket Complaint Form**

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

City or Town \_\_\_\_\_

Postal Code \_\_\_\_\_

COMPLAINT \_\_\_\_\_

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Signature \_\_\_\_\_

Officer's Remarks \_\_\_\_\_

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_