

## Appeal of surcharge

An appeal must be made within 10 days from the day the surcharge was issued.

**Note! When you have appealed a surcharge, you must wait with the payment until you have received a decision from us.**

Fields with a star (\*) are required.

OCR-number *	The surcharge is issued: Year, month, day *
<input type="text"/>	2 0 - -
Describe why you want to appeal *	
First name *	Last name *
<input type="text"/>	<input type="text"/>
Email address *	Mobile phone number
<input type="text"/>	<input type="text"/>

Agent/Legal guardian	
Agent's first name *	Agent's last name *
<input type="text"/>	<input type="text"/>
Agent's email address *	Agent's mobile phone number
<input type="text"/>	<input type="text"/>

**Do not forget to attach e.g. power of attorney or certificate related to your appeal.**

Terms
<p>I agree that Västtrafik has the right to process the personal data provided here for the processing of my application. I hereby confirm that this information is correct.</p> <p>Västtrafik's privacy policy can be read on the website: <a href="https://www.vasttrafik.se/om-vasttrafik/integritetspolicy">https://www.vasttrafik.se/om-vasttrafik/integritetspolicy</a></p> <p>Date and signature *</p> <p>.....</p>

**Completed form is sent to:**

FRISVAR  
Västtrafik AB  
20467508  
401 10 Göteborg