



Application for Payment Arrangement

(Infringement Notices Only)

1. Applicant details					
Full Name					
Address					
				State	
				Postcode	
Current postal address (if different to above)					
				State	
				Postcode	
Telephone					
(H)		(W)		(M)	
Email					
Date of Birth		Drivers Licence / Permit No.		State/Country of issue	
/ /					
2. Infringement details					
Infringement notice number/s that you are requesting to be included in your payment arrangement					
3. Do you currently hold a Centrelink Concession Card or Health Care Card?					
<input type="checkbox"/> Yes Evidence must be provided with this application			<input type="checkbox"/> No		
4. What are you requesting?					
<input type="checkbox"/> Additional time to pay the fine/s in full Go to question 5			<input type="checkbox"/> To pay the outstanding balance in instalments Go to question 6		
5. Additional time to pay					
I will pay the full amount by* *Note: Cannot be more than three months from the date of this application			Date: / /		
6. What is the frequency and maximum amount you could pay?					
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	Amount: \$		*Note: Total must be paid within three months from the date of first payment.	
Preferred starting date of payment* *Note: Cannot be more than three months from the date of this application			Date: / /		

7. Please provide a brief explanation why you would like to be considered for the payment arrangement (attach any supporting documentation).

Declaration details

I declare that the information that I have supplied in this form, is true and correct to the best of my knowledge.

I understand that by making a false or misleading statement in support of this claim is an offence and I may be prosecuted. Any existing payment arrangements may also be cancelled.

Signature of applicant

Date

Applicants please note:

Upon receipt of an application for payment plan the infringement/s will be placed on hold until an outcome has been reached. You will receive the outcome of the decision in writing. If you do not provide sufficient information, Council may request further information. If you do not provide this further information within 21 days of the date of request, Council may decline your application.

If Council offers you a payment arrangement, failure to make a payment arrangement by the due date will result in the payment arrangement being cancelled. This may result in further costs being added and/or enforcement action taken against you. It is your responsibility to ensure that each payment is made before the due date.

Consent for Application for Payment Plan

To be completed if another person is acting on your behalf.

I	(person named in the infringement)
of	(address of person named on infringement)
give my consent to	
to apply for an Application for a payment arrangement on my behalf to applied infringement number/s:	
Signature of person named on infringement	Signature of other person with consent
Date	Date

Privacy statement: Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014* and used for the specified purpose. You can access your personal information by contacting Council's Privacy Officer on 1300 229 229 (1300 BAW BAW).