

Please complete **all** sections below to have your infringement reviewed.

Note: **ONLY ONE** Internal Review may be submitted per Infringement Notice, unless related to the same set of circumstances.

Section 1. Applicant Details - (The person making the application) – Please tick (✓) the relevant box

| | | | |
|--|---|--|--|
| You are: | <input type="checkbox"/> The person named on the infringement | <input type="checkbox"/> Other person with consent <small>(Must also completed the 'Consent for Internal Review Section' on page 2)</small> | <input type="checkbox"/> Authorised Company Representative |
| First Name | | Last Name | |
| OF Company Name | | ACN/ABN | |
| Residential (Service) Address (PO BOX NOT ACCEPTED) | | | Post Code |
| Home Phone | Work Phone | Mobile | |

2. Infringement details

| | | | | | | |
|-------------------------------------|---------------------------------|-------------------------------------|--|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Animal | <input type="checkbox"/> Local Laws | <input type="checkbox"/> Fire Prevention | <input type="checkbox"/> Litter | <input type="checkbox"/> Planning | <input type="checkbox"/> Health |
| Infringement Notice Number/s | | | | | | |
| Vehicle Registration (parking only) | | | Vehicle Make (parking only) | | | |

3. Grounds for Application – Please tick the relevant box (see descriptions on page 2)

| | | |
|--|---|--|
| Exceptional circumstances <input type="checkbox"/> <small>(see description 1 on page 2)</small> | Contrary to Law <input type="checkbox"/> <small>(see description 2 on page 2)</small> | Special Circumstances <input type="checkbox"/> <small>(see description 3 on page 2)</small> |
| Mistaken Identity <input type="checkbox"/> <small>(see description 4 on page 2)</small> | Penalty Reminder Notice Fee Waiver Request <input type="checkbox"/> <small>(see description 5 on page 2)</small> | Person Unaware <input type="checkbox"/> <small>(see description 6 on page 2)</small> |

The reason I claim that the above ground applies to my application is:

(Please write down the full facts in support of your application and attach any supporting evidence and a separate sheet if you need more space)

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Declaration Details

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|--|-------------------|
| I understand that this is the only Internal Review for this Infringement that I am able to submit pursuant to s.22 (2) (e) of the <i>Infringements Act</i> 2006. I declare that the information that I have supplied in this form, and any attachments to this form, are true and correct to the best of my knowledge. | |
| I understand that by making a false or misleading statement in support of this claim, I may be prosecuted. | |
| Signature: | Date: / / |

Privacy Statement

This application form has been created within the guidelines of the Infringements Act 2006. The personal information requested on this form is being collected by Council for the purpose of considering a request for an internal review of an infringement. The personal information will be used solely by Council for that primary purpose unless required by law. If you choose not to provide this information we will be unable to process your request for an internal review. The applicant understands that the personal information provided is for the reason outlined above. For further information on privacy, please consult Council's [Citizens Confidentiality and Privacy Policy](#).

Descriptions of Relevant Grounds for Internal Review

1) Exceptional Circumstances

Please provide details of the exceptional circumstances surrounding your case and provide reasons why your circumstances or situation are such that the infringement should be Withdrawn or an Official Warning issued.

2) Contrary to Law

Please provide the reasons why you consider the decision to issue you with an infringement unlawful.

3) Special Circumstances

Special circumstances includes:

- a mental or intellectual disability, disorder, disease or illness
- a serious addiction to drugs, alcohol or volatile substance
- homelessness, or
- family violence within the meaning of the Family Violence Protection Act 2008.

You must provide evidence (e.g. letter, report, statement) from one of the following parties to support you application.

- a case worker, case manager or social worker
- a general practitioner, psychiatrist or psychologist, or
- an accredited drug treatment agency.

Evidence (e.g. letter, statement or a report) from practitioner or case work should include the following information:

- the practitioner/case worker's qualification and relationship with you, including the period of engagement
- the nature, severity and duration of your condition or your circumstances:
 - a) whether you were suffering from the relevant condition or circumstances at the time the offence was committed, and
 - b) whether, in the opinion of the practitioner/case worker, it is more likely than not that your condition/ circumstances contributed in your inability to understand or control the conduct constituting the offence.

The practitioner or agency report must show that because of your condition/situation you could not understand or control constituting the offence.

4) Mistaken Identity

Please provide the reason/s why you believe there has been a case mistake of identity and identify the name and address of the person involved and the relationship of that person to you if relevant.

5) Penalty Reminder Notice Fee Waiver Request

Please provide the reason/s why you believe the Penalty Reminder Notice Fee should be waived. **Note:** The original penalty amount is still applicable under this request.

6) Person unaware

An application made on the ground of 'person unaware' must:

- be made within 14 days of you becoming aware of the infringement notice (You may evidence the date that you became aware of the infringement notice by executing a statutory declaration)
- state the grounds on which the decision should be reviewed, and
- provide your current address for service.

Applicants please note:

If you do not provide sufficient information, the enforcement agency may request further information. If you do not provide this further information within 28 days of the date of request, the enforcement agency may determine the application without the further information.

Consent for Internal Review - to be completed if another person is acting on your behalf

| | |
|---|------|
| I (person named on the infringement) _____, | |
| of _____, give my consent to (name of person making | |
| the application on your behalf) _____ to apply for an internal review on my | |
| behalf in relation to Infringement Number/s _____ | |
| SIGNED (By person named on infringement): | Date |
| SIGNED (Other person with consent): | Date |

Check form is complete and includes your contact details and infringement number

| | | |
|------------------------|--|--|
| Mail/ Email | Post the completed and signed application together with copy of any evidence to PO Box 264 Morwell VIC 3840. Email a scanned copy of the completed, signed application together with any evidence to latrobe@latrobe.vic.gov.au | |
| In Person | 141 Commercial Road, Morwell 34-38 Kay Street, Traralgon 1-29 George Street, Moe Phillip Parade, Churchill | Monday – Friday 9:00am – 5:00pm Monday – Friday 8:30am – 5:15pm Monday – Friday 8:30am – 5.15pm Monday – Friday 8:30am – 5.15pm |
| | Library Branches | Saturday 9:00am – 12:00pm (Moe & Traralgon Service Centre & Libraries, Morwell Library) All enquiries 1300 367 700 |