

Please read and complete all relevant parts of this form and ensure that you (and your agent if you are using one) sign the form in appropriate places (Boxes 3 & 8)

1. 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 <input type="checkbox"/> Building							
Infringement Notice Number/s							
Vehicle Registration (parking infringement only)							
Vehicle Make (parking infringement only)							

2. Applicant Details

First Name				Last Name						
Postal Address						Post Code				
Residential Address						Post Code				
Home Phone			Work Phone			Mobile				

3. Complete this box ONLY if you have another person or agent representing you

I consent to (write name of other person) _____ to act as my agent and to represent me in this matter.
SIGNED (By person giving consent):
SIGNED (By person acting as agent):

4. Postal Address that Council is to reply to this application is Same as above or:-

First Name				Last Name						
Postal Address						Post Code				

5. Are you the holder of a Centrelink health Care or Concession Card?

No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	Customer Reference No (CRN):	_____		
		Date of Grant:	____/____/____		
		Card Expiry Date:	____/____/____		

6. Please provide a brief explanation why you would like to be considered for this application:

_____ _____ _____

7. Please provide the following information

TOTAL amount owing for all infringement/s on this application	\$
TOTAL maximum amount you can pay per (Minimum \$20 only)	<input type="checkbox"/> Fortnight \$
When can you make the first payment	/ /
How do you wish to make the payments	<input type="checkbox"/> In person at one of Council's Service Centre's OR online payment with a credit card
	<input type="checkbox"/> Direct debit from your nominated bank account

8. Declaration

I declare that the contents of this application are true and correct to the best of my knowledge and I understand that my application will be assessed based on the information I have provided.	
Signature:	Date: / /

Submitting your application

Mail	Post the completed and signed application together with direct debit form (if applicable) to PO Box 264 Morwell VIC 3840.	
In Person	Bring the completed form and direct debit form (if applicable) to any of our following Service Centres and Libraries:	
	141 Commercial Road, Morwell 34-38 Kay Street, Traralgon 1-29 George Street, Moe Phillip Parade, Churchill	Monday – Friday 8:30am – 5:15pm Monday – Friday 8:30am – 5:15pm Monday – Friday 8:30am – 5:15pm Monday – Friday 11:00am – 6:00pm Saturday 9:00am – 12:00pm (Library Branches Only) Sunday 3:00pm – 6:00pm (Traralgon Library Only)

OFFICE USE ONLY	Completed All relevant fields <input type="checkbox"/>	Attached Direct Debit Application if ticked Direct Debit <input type="checkbox"/>
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OFFICE USE ONLY – IM & RECEPTION STAMP

Privacy Statement

Latrobe City Council is collecting the information on this form so that it may consider your application. The information is only used by Latrobe City Council for this purpose and will not be disclosed unless required by law.