

Application Review Infringement



Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Ledger Number:-	<input type="text"/>

Fields marked with an asterisk (*) are mandatory and must be completed.

Council Specific Information

Use this form to apply for an internal review of your infringement. Circumstances for review maybe that you believe:

- The decision to serve the infringement notice was contrary to the law OR involved a mistake of identity
- Special circumstances apply to the person (mental illness, intellectual disability, homelessness, drug and alcohol addictions)
- The conduct for which the infringement notice as served should be excused having regard to exceptional circumstances relating to the infringement offence.

Applicant Details

Title*	Surname*	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Details

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address

Street Address*

Suburb / Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address (if different from above)

Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Details

Please provide at least one phone number and include the area code *

Business Phone	After hours phone	Business Fax	Mobile
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>

Email

Infringement Details

Please describe each infringement to be reviewed

Infringement 1

Infringement type*

Parking
Fire prevention
Animal
Building

Litter
Livestock
Local laws
Other (please specify below)

Infringement number/s*

Date of offence/s *

Car registration number (if applicable)

Please list in detail your reasons for consideration (or attach a letter)

Acknowledgement

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge.
- This application forms a legal document and penalties exist for providing false or misleading information.
- Agency Name may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: http://www.mountalexander.vic.gov.au/files/Information_Privacy_Policy-signed-110901.pdf

Lodgement

If you intend to post or fax this form please use the details provided below:

Mount Alexander Shire Council
P.O Box 185
Castlemaine VIC 3450

Telephone: 03 71 1 700

Fax: 03 71 1749

Email: info@mountalexander.vic.gov.au

Website: www.mountalexander.vic.gov.au/