

Whitehorse City Council

379-399 Whitehorse Road, Nunawading Locked Bag 2, Nunawading Delivery Centre VIC 3110 DX13209 MITCHAM

ABN 39 549 568 822

Telephone: 03 9262 6333 TTY: 03 9262 6323 TIS 131450 Email: <u>customer.service@whitehorse.vic.gov.au</u> Website: <u>www.whitehorse.vic.gov.au</u>

APPLICATION FOR A FINE PAYMENT ARRANGEMENT

IMPORTANT INFORMATION – Please read carefully

- **1.** A payment arrangement application must be submitted in writing within 28 days of the infringment date to avoid additional costs and further action.
- **2.** Council staff members are not permitted to enter into a discussion on the merits of the alleged offence or the success of a review.
- **3.** Council will make a decision based on the information provided.
- **4.** Complete the form by printing clearly using BLOCK letters. You must sign the form.
- **5.** A separate application should be submitted for each application.
- 6. Send to either customer.service@whitehorse.vic.gov.au or Locked Bag 2, Nunawading DC VIC 3131
- **7.** For further information, refer to www.whitehorse.vic.gov.au/request-fine-payment-arrangement
 Once a decision has been made, you will be notified by Council to the postal or email address you provided in accordance with *Infringements Act 2006*.



For what type of fine are you seeking a payment arrangement?

Parking Local Law, EPA, FRV Animal

Please indicate who is seeking a payment arrangement: **Owner and Driver** Other Person with **Authorised** Nominated Driver (The vehicle's of the Vehicle consent (You must also Company owner must complete a 'Driver Nomination Form' also called an complete the "Consent Representative for someone to apply on 'Operator Owner Onus Form' your behalf" section on available on the Council website) the reverse side of this page)

Applicant Details ("Mandatory into	ormation)			
*Name:				
*Phone:				
*Residential Address (NOT PO Box):	*Suburb: *St		tate:	*Postcode:
*Postal Address:	*Suburb:	*State:		*Postcode:
*Date Of Birth:			*Driver's License State/Country of Issue:	
*Email:				
Fine Details				
*Fine (Infringement) Number:		*Vehicle Registration:		
		(for a parking-related fine)		
*Alleged Offence Date:		*Alleged Offence Location:		
	-			



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Must be FULLY completed if another person is applying on your behalf				
I (Name) on my behalf.	give consent to (Name)	to apply for a payment arrangement		
Signature of person giving conse	ent			
Signature of person receiving co	onsent	Date		
•	erson as being the driver at the time alled an 'Operator Owner Onus Forr	e a vehicle-related fine was issued, please complete a n' available on the Council website.		
REQUEST DETAILS				
Please provide and extensi	on of time to pay	ease send to Fines Victoria for a payment plan		
Explain and provide details of your application below (Also provide any supporting evidence). PLEASE PRINT CLEARLY				
Declaration Details				
of the Infringements Act. I declar	re that the information that I have s of my knowledge. I understand that	this fine that I am able to submit pursuant to s.22 (2) upplied in this form and any attachments to this form by making a false or misleading statement in support		
*Signature of Applicant:		*Date:		

Privacy statement

The personal information on this form is being collected by Whitehorse City Council to enable the processing of payment arrangement request against a fine and for the purpose of administration of relevant Acts, Regulations and Local Laws. The personal information will be used by Whitehorse City Council for that purpose or directly related purposes only. The information will not be released unless required by law. The applicant may apply to Whitehorse City Council for access and/or amendments to the information.

Reference: 24 82152 Last Reviewed: 24 January 2024 2