Application for a Payment Plan of an Infringement

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 (sections 3 and 8).

Applicant details

First name:		Last name:	
Postal address:			Post code:
Residential address:			Post code:
Home phone:	Work phone:		Mobile:

Infringement details

□ Parking	□ Animal	Local Laws	□ Fire prevention	□ Litter	□ Building	□ Health
Infringement notice number/s:						

Complete for parking infringement only:

Vehicle registration:	Vehicle make:
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Consent details

Complete this section 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.

Signature (of person giving consent)	Date

Signature (of person acting as agent)	Date

Postal Address

Postal address that Council is to reply to this application is: \Box Same as above \Box As below		
First name:	Last name:	
Postal address:		Post code:

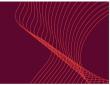
Cards

Are you the holder of a Centrelink health care or Concession card? \Box Yes \Box No		
Customer reference number (CRN):		
Date of grant: Card expiry date:		



1300 367 700 PO Box 264 MORWELL 3840 141 Commercial Road, Morwell latrobe@latrobe.vic.gov.au

latrobe.vic.gov.au ABN 92 472 314 133 TTY (NRS) 133 677 AUSDOC DX2 177733 Morwell



Reason

Please provide a brief explanation why you would like to be considered.

Request details

Total amount owing for all infringement/s on this application:	\$
Total maximum amount you can pay per fortnight:	\$
When can you make the first payment:	
How do you wish to make the payments:	

□ In person at one of Council's Service Centres OR online payment with a credit card

□ Scheduled direct debit from your nominated bank account

(Please note that all direct debit payments are processed on Fridays. Applicants may nominate a preferred Friday to commence payments, with subsequent payments occurring on a fortnightly basis.)

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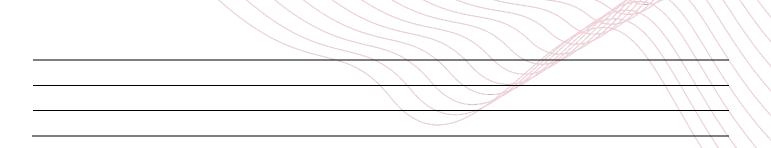
Privacy statement: Latrobe City Council is collecting the information on this form so that it may consider your application. The information is only used by Latrobe City Council for this purpose and will not be disclosed unless required by law.

Submitting your application

Mail	Post the completed and signed application together with copies of required documentation and cheque or money order payable to 'Latrobe City Council' to PO Box 264 Morwell VIC 3840.		
In person	Bring the completed and signed application together with copies of supporting documents and payment to any of our following Service Centres and Libraries. Cash and cheques not accepted at Morwell Library.		
	141 Commercial Road, Morwell	Monday to Friday, 9am to 5pm	
	63-65 Elgin Street, Morwell	Monday to Friday, 8.30am to 5.15pm Saturday, 9am to 12noon	
	34-38 Kay Street, Traralgon	Monday to Friday, 8.30am to 5.15pm Saturday, 9am to 12noon	
	1-29 George Street, Moe	Monday to Friday, 8.30am to 5.15pm Saturday, 9am to 12noon	
	9-11 Philip Parade, Churchill	Monday to Friday, 8.30am to 5.15pm Closed between 12noon to 1pm	

Office use only	
Completed all relevant fields	Date stamp:
Attached direct debit application if ticked 'Direct Debit'	
Additional information	

LATROBE CITY Council



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Application for a Payment Plan of an Infringement | Page 4 Version: 1 01/07/2025