

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

<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"/> Building	<input type="checkbox"/> 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
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Signature (of person acting as agent)	Date
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Postal Address

Postal address that Council is to reply to this application is: <input type="checkbox"/> Same as above <input type="checkbox"/> As below		
First name:	Last name:	
Postal address:	Post code:	

Cards

Are you the holder of a Centrelink health care or Concession card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Customer reference number (CRN):	
Date of grant:	Card expiry date:

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:	
<input type="checkbox"/> In person at one of Council's Service Centres OR online payment with a credit card	
<input type="checkbox"/> 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	
<input type="checkbox"/> Completed all relevant fields <input type="checkbox"/> Attached direct debit application if ticked 'Direct Debit'	Date stamp:

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Additional information

This image shows a full page of a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.

