

Council Offices, 141 Commercial Road, Morwell VIC PO Box 264, Morwell VIC 3840 Enquiries: 1300 367 700

TTY: 133 677 www.latrobe.vic.gov.au

STATUTORY DECLARATION	(All details must be fully com	oleted) Infringe	ement No.
(Print name in full)		-	
Of			
(Print full address)		Talandana Na	
	Postcode		
(Please state your occupati	on)	Mobile No.	
In the state of Victoria, do solemnl	y and sincerely declare		
-			
-			
I acknowledge that this declaration who makes a false declaration is li			nderstanding and belief that a person
SIGNATURE OF PERSON MAKING THIS DECLARATION			
	(to be signed in front of an authoris		in the State of Victoria
Declared at			
on the			20
SIGNATURE			
PRINT NAME	(signature of authorised witness)		
ADDRESS	(name of authorised witness)		
	(address of authorised witness)		
STATUS	(eg. Justice of the Peace, Pharmac	sist, Police Officer, Court Registra	r, Bank Manager, Medical Practitioner, Dentist)