

Application for Infringements Internal Review

Please complete this form if you would like Council to conduct an internal review of your infringement notice. Once you have completed the form, please post it to **Manningham City Council, PO Box 1, Doncaster, Victoria 3108** or drop it in at the customer service desk at **Manningham Civic Centre, 699 Doncaster Road, Doncaster**. For more information, visit www.manningham.vic.gov.au/infringement-review

WHO IS APPLYING?

Please SELECT ONE of the following options

<input type="checkbox"/>	A. I am applying on behalf of myself
<input type="checkbox"/>	B. I am applying on behalf of another person (please complete Name of person you are applying for and consent for Internal review)
<input type="checkbox"/>	C. I am applying on behalf of a company (please complete Company details)

YOUR DETAILS OR COMPANY'S REPRESENTATIVE DETAILS

First name		Surname	
Street address			
Suburb		State	
		Postcode	
Phone or mobile number			
Email address			

NAME OF PERSON YOU ARE APPLYING FOR

Please complete this section if you selected B. I am applying on behalf of another person. You are also required to complete 'Consent for internal review' on the final page.

First name		Surname	
------------	--	---------	--

COMPANY DETAILS

Please complete this section if you selected C. I am applying on behalf of a company.

Your position	
Company name	
Company ABN or ACN	

Continued overleaf

YOUR INFRINGEMENT DETAILS

Infringement number		Vehicle registration number (if applicable)	
---------------------	--	---	--

GROUNDS FOR APPLICATION

Please select ONE of the following grounds for application, see next page for a description of the grounds.

<input type="checkbox"/>	1. Contrary to law
<input type="checkbox"/>	2. Exceptional circumstances (select one below)
<input type="checkbox"/>	Vehicle broken down
<input type="checkbox"/>	Permit not displayed correctly
<input type="checkbox"/>	Financial hardship
<input type="checkbox"/>	Medical emergency
<input type="checkbox"/>	Penalty reminder notice fee waiver request
<input type="checkbox"/>	Other
<input type="checkbox"/>	3. Mistaken identity
<input type="checkbox"/>	4. Special circumstances (select one below)
<input type="checkbox"/>	Mental or intellectual disability, disorder, disease or illness
<input type="checkbox"/>	A serious addiction to drugs, alcohol or a volatile substance within the meaning of the <i>Drugs, Poisons and Controlled Substances Act 1981</i>
<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Family violence within the meaning of the <i>Family Violence Protection Act 2008</i>
<input type="checkbox"/>	5. Person unaware

I have attached an explanation of my circumstances and ground(s) of application, including any supporting documentation.

Continued overleaf

DECLARATION DETAILS

I understand that I am only eligible for one (1) internal review for this infringement pursuant to s.22 (2) of the Infringements Act 2016.

I declare that the information I have supplied in this form, and any attachments to this form, are true and correct to the best of my knowledge.

I understand that by making a false or misleading statement in support of this claim, I may be prosecuted.

The internal process can take up to 30 days or longer if additional information is required. You will receive a written response by mail to your postal address advising you of the outcome. In the interim, your infringement will be placed on hold.

Your signature		Date (DD/MM/YYYY)	
----------------	--	-------------------	--

CONSENT FOR INTERNAL REVIEW

Please complete this section if you have selected B. I am applying on behalf of another person.

I (person named on the infringement) of (address of person named on the infringement) give my consent to (name of person applying on their behalf) to apply for an internal review on my behalf for (Infringement number):

Signature of person named on the Infringement		Date (DD/MM/YYYY)	
Signature of person applying on behalf of person name on the infringement		Date (DD/MM/YYYY)	

Continued overleaf

DESCRIPTION OF GROUNDS FOR APPLICATION

Here is a description of the grounds for application to help you decide:

Contrary to law

Select contrary to law if you believe the infringement was issued unlawfully, unfairly, improperly or beyond Council's authority. (E.g. vehicle registration was taken down incorrectly or the animal id tag was recorded incorrectly).

Exceptional circumstances

Select exceptional circumstances if you had unforeseen or unpreventable circumstances that led to receiving an infringement. (E.g. I was dealing with or involved in a medical emergency that was posing an immediate risk to a person's life or long term health).

Mistaken identity

Select mistaken identity if you believe the infringement has been incorrectly issued to you and should have been issued to another person. Note, if you were not the driver of the vehicle that received the infringement, then please complete a nomination statement instead available on www.manningham.vic.gov.au/infringement-nomination

Special circumstances

Select special circumstances if you have one of the following conditions that led to receiving an infringement.

- Mental or intellectual disability, disorder, disease or illness
- a serious addiction to drugs, alcohol or volatile substance within the meaning of the *Drugs, Poisons and Controlled Substances Act 1981*.
- homelessness, or
- family violence within the meaning of the *Family Violence Protection Act 2008*.

Person unaware

Select person unaware if you were unaware of receiving an infringement. (E.g. you did not receive the infringement directly (on the vehicle or in person) and you have formally notified the appropriate authority, such as VicRoads or Council, of your updated address within 14 days of this address changing.)

For our privacy policy, please visit www.manningham.vic.gov.au/privacy

Interpreter service  9840 9355

普通话

廣東話

Ελληνικά

Italiano

فارسی

العربية