



REQUEST FOR INVESTIGATION & RESOLUTION FOR INFRINGEMENT

Infringements will only be withdrawn for one of the following reasons, please tick

- Proven Mechanical Breakdown
- Valid Medical Emergency
- Council Error

First Name _____ Mr/Mrs/Ms/Miss _____

Last Name _____

Postal Address _____

Town _____ **State** _____ **Pcode** _____

Email _____

Contact Phone No _____

Parking Ticket No _____

Vehicle Registration No _____

Details: _____

Signed _____ Date _____

The infringement is on hold from today until you receive a response. Allow 10 working days.

