

**Please complete all details.**

**Infringement details**

Type of Infringement (please tick)			
Local Laws:	Animal <input type="checkbox"/>	Local Laws (Bylaws) <input type="checkbox"/>	Litter <input type="checkbox"/> Parking <input type="checkbox"/>
Infringement number:	Date:	Registration number: (if applicable)	
Location:			
Offence/description:			

**Personal details**

First name:		Surname:	
Postal Address:			
(Street Address if PO Box supplied above)			
Suburb:		Postcode:	
<b>Contact details</b>	Email:		
Telephone	Work:	Home:	
	Mobile:		
Pension card number (if applicable) Copy <b>MUST</b> be attached	Expiry date:		

**Please note that any payment made prior to the receipt of the payment plan is *NOT* considered as first payment against the plan. The plan will be established for the remaining amount outstanding on any infringement/s.**

**Conditions for payment plans:**

1. Minimum instalment amounts are \$20.00 per fortnight (Pension or Health Care Card – **copy of card MUST be provided**), otherwise \$40.00 per fortnight. (Monthly payment option available.) Payments are to be made as per condition (4).
2. **Failure** to pay **ANY** instalment **by** the **specified date** will result in **cancellation** of the instalment plan.
3. Extensions to the instalment plan are not available.
4. Payments will only be accepted by mail or in person.  
**No BPay or Electronic payment options are available.**  
Payments by mail can be cheque or money order made payable to Maroondah City Council.  
Payments in person can be by cash, EFTPOS, credit card, cheque or money order.)

I declare that I accept the conditions for payment if the above application for a payment plan is granted.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy of Pension/Health Care card MUST be provided (if relevant)**

*Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - [privacy@maroondah.vic.gov.au](mailto:privacy@maroondah.vic.gov.au)*