



APPLICATION FOR PAYMENT PLAN

A minimum payment of 10% of the total infringement balance must be paid per week.

NAME: _____

ADDRESS: _____

_____ Post Code: _____

EMAIL: _____

DRIVERS LICENCE NO: _____ **EXPIRY DATE:** _____

PHONE: (AH) _____ (BH) _____

(M) _____

INFRINGEMENT NO: _____ (tick) () Parking () Animal () Local Law

Date Due: _____ **Total amount owing: \$** _____

PAYMENT PLAN DETAILS:

NB: A minimum payment of 10% of the total infringement balance must be paid per week.

Instalments of \$ _____ **Commencing:** _____ 2016

Interval: _____ (ie: weekly or fortnightly)

Final payment due date: _____

Final payment amount: \$ _____

*I (print name) **agree to the above payment plan.***

Signed Dated

Witness (print name)

Signed (witness) Dated

Office Use Only - Received: \$ _____ **Receipt No:** _____

Letter Plan Issued: _____

Final payment due: _____