

ILLEGAL USER STATEMENT

Made under Section 84 BE of the Road Safety Act 1986

Infringement No:	Vehicle Registration Number:
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To: Rural City of Wangaratta **Att:** Enforcement Department
PO Box 238 **Ph:** (03) 5722 0888
Wangaratta Vic 3676 **Fax:** (03) 5721 9526

NOTE: Failure to fully complete all sections may render this statement invalid.

STATEMENT	
I,	..... Surname Given Name
of	..... Address
	..... City / Town Postcode
	..... Email Phone Number

State that at the time of the offence I believe that (please tick ONE of the following) -

- The motor vehicle was a stolen motor vehicle;
- The trailer was a stolen trailer;
- The number plates displayed on the motor vehicle were stolen; and / or
- The number plates displayed on the trailer were stolen.

I provide the following reasons for my belief –

.....
.....
.....

(If insufficient space has been provided please attach an additional page to this Statement)

ACKNOWLEDGEMENT	
I acknowledge that it is an offence to provide false or misleading information, the maximum penalty being \$6,600.	
..... Signed	..... Date

UNKNOWN USER STATEMENT

Made under section 84 BE of the Road Safety Act 1986

Infringement No:	Vehicle Registration Number:
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To: Rural City of Wangaratta Att: Enforcement Department
PO Box 238 Ph: (03) 5722 0888
Wangaratta Vic 3676 Fax: (03) 5721 9526

NOTE: Failure to fully complete all sections may render this statement invalid.

STATEMENT	
I,	..... Surname Given Name
of	..... Address
	..... City / Town Postcode
	..... Email Phone Number

State that in relation to the offence –

- I was not at the time of the offence driving, or had possession or control of, the motor vehicle or trailer or the motor vehicle to which the trailer was attached.

I further state that –

- I do not know and can not with reasonable diligence ascertain the identity of the person who was at the time driving or, had at that time possession or control of the motor vehicle or trailer or the motor vehicle to which the trailer was attached.

I provide the following reasons for not knowing and being able to ascertain the identity of that person -

.....
.....

.....
(If insufficient space has been provided please attach an additional page to this Statement)

ACKNOWLEDGEMENT	
I acknowledge that it is an offence to provide false or misleading information, the maximum penalty being \$6,600.	
..... Signed	..... Date

SOLD VEHICLE STATEMENT

Made under Section 84 BE of the Road Safety Act 1986

Infringement No:	Vehicle Registration Number:
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To: Rural City of Wangaratta Att: Enforcement Department
PO Box 238 Ph: (03) 5722 0888
Wangaratta Vic 3676 Fax: (03) 5721 9526

NOTE: Failure to fully complete all sections may render this statement invalid.

STATEMENT	
I,	..... Surname Given Name
of	..... Address
	..... City / Town Postcode
	..... Email Phone Number

State that in relation to the offence alleged – (please tick the appropriate box)

I had sold or otherwise disposed of the motor vehicle or trailer before the time of the offence was not at the time of the offence;

OR That any interest in the motor vehicle or trailer had ceased to be vested in me prior to the date of the alleged offence.

I further state that –

- I was not at that time driving, or had not at that time possession or control of the motor vehicle or trailer or motor vehicle to which the trailer was attached.

I provide the following information to sufficiently identify and locate the person to whom the vehicle or trailer was sold or disposed of, or in whom an interest in the motor vehicle or trailer was otherwise vested and the date, and if relevant, the time of sale, disposal or vesting.

.....
Name Contact Number / Email

.....
Address

.....
Date of Birth (if known) Driver's Licence Number (if known)

.....
Date and time of sale / disposal / vesting (attach any supporting documentation)

ACKNOWLEDGEMENT - I acknowledge that it is an offence to provide false or misleading information, the maximum penalty being \$6,600.	
..... Signed	..... Date

KNOWN USER STATEMENT

Made under Section 84 BE of the Road Safety Act 1984

Infringement No:	Vehicle Registration Number:
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To: Rural City of Wangaratta Att: Enforcement Department
PO Box 238 Ph: (03) 5722 0888
Wangaratta Vic 3676 Fax: (03) 5721 9526

NOTE: Failure to fully complete all sections may render this statement invalid.

STATEMENT	
I,	..... Surname Given Name
Of	..... Address
	..... City / Town Postcode
	..... Email Phone Number

STATE THAT IN RELATION TO THE OFFENCE -

- I was not at the time of the offence driving, or had at the time of the offence possession or control of the motor vehicle or trailer or the motor vehicle to which the trailer was attached; AND
- I provide the following information to sufficiently identify and locate the person whom I last knew as having (before the offence) possession or control of the motor vehicle or trailer or of the motor vehicle to which the trailer was attached.

.....
Name Contact Number / Email

.....
Address

.....Date of
Birth (if known) Driver's Licence Number (if known)

I provide the following reasons for my statement -

.....
.....

.....
(If insufficient space has been provided please attach an additional page to this Statement)

ACKNOWLEDGEMENT	
I acknowledge that it is an offence to provide false or misleading information, the maximum penalty being \$6,600.	
..... Signed	..... Date

