## **ILLEGAL USER STATEMENT**

Made under Section 84 BE of the Road Safety Act 1986

Infringemen	t No: Vehicle R	Vehicle Registration Number:		
То:	Rural City of Wangaratta PO Box 238 Wangaratta Vic 3676	Att: Ph: count	Community Compliance Unit (03) 5722 0888 cil@wangaratta.vic.gov.au	
NOTE: Failure to fully complete all sections may render this statement invalid.				
STATEMEN	IT			
Ι,	Surname		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;			
	$\hfill\square$ 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 60 penalty units for individuals (\$9,671.00) and 120 penalty units in the case of a body corporate (\$19,343.00).				

Signed Date