

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
PO Box 238
Wangaratta Vic 3676

Att: Community Compliance Unit
Ph: (03) 5722 0888
council@wangaratta.vic.gov.au

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 60 penalty units for individuals (\$9,671.00) and 120 penalty units in the case of a body corporate (\$19,343.00).	
Signed	Date