

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