



# APPLICATION FORM

## INTERNAL REVIEW OF AN INFRINGEMENT

**BEFORE** completing this form, please ensure that you have read the **'Frequently Asked Questions'** relating to an Internal Review of an Infringement. If you are applying for a review of a parking infringement, please ensure that you have also read Council's information brochure [Parking, the Road Rules & You](#). Both documents can be read on Wyndham City's website or are available at the Civic Centre, 45 Princes Highway, Werribee.

Infringement Notices WILL NOT be withdrawn because of financial hardship. If you are experiencing financial hardship you can apply for a Payment Plan or an Extension of Time. Contact Wyndham City on (03) 9742 0777.

You must complete and sign all relevant sections of this form. If you need someone to act on your behalf please make sure you complete section 3.

Please Note: Customer Service staff have no authority relating to infringement reviews and cannot withdraw Infringement Notices. All applications must be made in writing and will be responded to in writing by the Internal Review Officer.

The completed application form can be submitted in person at the Civic Centre 45 Princes Highway Werribee or mailed to Wyndham City PO Box 197 Werribee Vic 3030 or emailed to [mail@wyndham.vic.gov.au](mailto:mail@wyndham.vic.gov.au)

### 1. APPLICANT'S DETAILS

Name: .....

Address: .....

Suburb: ..... Post Code: .....

Telephone: ..... Mobile: .....

Work: ..... Fax: .....

Email: .....

**If applicable:**

Business Trading Name: .....

Business Address: .....

Suburb: ..... Post Code: .....

ABN: ..... Telephone:.....

### 2. INFRINGEMENT DETAILS

Infringement number(s): .....  
 .....  
 .....

Vehicle Registration Number (if applicable):.....

### 3. AGENT OR REPRESENTATIVE'S DETAILS

*Complete only if another person (or agent) is representing you*

I consent to ..... acting as my agent.

Applicant's Signature: .....

### 4. REPLY DETAILS

*Only complete if the address Council is to reply to is different to the applicant's address above*

Name: .....

Address: .....

Suburb: ..... Post Code: .....

**5. GROUNDS FOR APPLICATION FOR INTERNAL REVIEW**

You must choose **ONE** of the following grounds.

*Tick ONE box only*

- Contrary to Law** – I believe the infringement notice was not issued according to the law
  
- Mistaken Identity** - I believe the infringement notice has been issued to the wrong person
  
- Exceptional Circumstances** - I believe I have a valid reason to excuse the infringement
  
- Special Circumstances** – I believe I meet one of the Special Circumstances criteria listed on the Council website and in the Frequently Asked Questions relating to an Internal Review of an Infringement
  
- Person Unaware** – I was not aware that I had an Infringement Notice issued to me

**6. REASON FOR GROUNDS**

*Describe why the infringement should be reviewed (if you need more space than what is provided below please attach additional pages to this form).*

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*Please attach **COPIES** of any additional information to support your application .Provide as much supporting documentation as possible to show why the infringement notice should be reviewed.*

**DECLARATION**

I hereby submit my application for an Internal Review of Infringement and believe the grounds for my review and all information I have provided are true and correct to the best of my knowledge.

I understand that I may submit **ONLY ONE** application for internal review per offence and the decision made is final.

Name: .....

Signature: ..... Date: .....

**PRIVACY COLLECTION STATEMENT:**

Your personal information is being collected by Council to conduct an internal review of your infringement notice(s), in association with various laws. Your details will be stored in a customer database and used in accordance with Council’s Privacy Policy. For further information on how your personal information is handled, visit Council’s website for its Privacy Policy at: <https://www.wyndham.vic.gov.au/about-council/your-council/administration/privacy-policy>.

*If you require any assistance in submitting your application for Internal Review, please contact Wyndham City Council on (03) 9742 0777. If you would like anything in this document to be translated, please call the Translating and Interpreting Service on 131 450 and ask to be connected to Wyndham City on (03) 9742 0777.*

<b>HOW TO COMPLETE THIS FORM</b>	1. Complete the form relevant to your situation. <b>Do not make payment if submitting this form</b>	2. Send to: <b>Wyndham City Council PO BOX 197 Werribee VIC 3030</b>	3. You will receive a notification in the mail to let you know the outcome of your application
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Infringement Number

Vehicle Registration Number

## NOMINATION STATEMENT

**A** Please list your name and address details and then go to B

Full Name

Corporation name and ACN (if applicable)

Address of person/Corporation

State  Postcode

**B** I declare that I was not driving or in possession or control of the vehicle at the time of the offence because (select option):

<input type="checkbox"/> Someone else was the driver in possession or control of the vehicle at the time of the offence  <span style="float: right;">go to C</span>	<input type="checkbox"/> I sold this vehicle to someone else or permanently disposed of the vehicle on this date:  <input type="text"/> / <input type="text"/> / <input type="text"/>  <span style="float: right;">go to C</span>	<input type="checkbox"/> I believe the vehicle or number plates displayed on the vehicle were stolen. <b>Note: You must attach Police Report</b>  <span style="float: right;">go to E</span>	<input type="checkbox"/> I do not know and cannot identify the person in possession of the vehicle at the time of the offence. <b>Note: This statement cannot be selected where the offence involves a taxi-cab.</b>  <span style="float: right;">go to D</span>
<input type="checkbox"/> I was incorrectly nominated as the responsible person in relation to the vehicle and I reject the nomination.  <span style="float: right;">go to D</span>			

**C** List the details of the person or corporation who was in possession or control of the vehicle at the time of the offence.

Surname / Corporation name

First name / Corporation ACN

Address of person / Corporation

State  Postcode

Drive licence / Permit Number  State / Country of issue  Date of birth

D D / M M / Y Y Y Y go to E

**Please Note:** Nominating a person who resides outside of Australia cannot be accepted by Council. Should the person who was in control of the motor vehicle at the time of the offence reside outside of Australia, owner onus applies and therefore you are liable for the infringement.

**D** Tell us what reasonable and diligent enquiries you've made to try to identify the person in possession or control of the vehicle at the time of the offence, or why you are rejecting the nomination

Note: Failure to keep a record of who was in possession or control of the vehicle involved in the offence is not an adequate reason unless you can prove exceptional circumstances. If the offence involves a taxi-cab, you cannot nominate another person if you are recorded as the driver in the operator's records, and you cannot claim you are not aware of, or cannot identify the driver. If you need additional writing space, please attach a signed extra page.

go to E

**E** Confirm the details provided are correct and sign to complete nomination statement:

It is an offence under the Road Safety Act 1986 (which may carry a fine in excess of \$9,000 and potential licence loss for an individual, or a fine in excess of \$18,000 for a body corporate) to knowingly provide false or misleading information in a nomination statement. I understand that I may be served with a summons to give evidence in relation to this nomination.

Your signature

Date

D D / M M / Y Y Y Y

## REQUEST A COURT HEARING

I decline to have this matter dealt with under these enforcement provisions and want to have the matter heard and determined by a Court. I understand I may receive a summons for this offence.

Full Name <input style="width: 100%;" type="text"/>	Your driver licence <input style="width: 100%;" type="text"/>
Corporation name and ACN (if applicable) <input style="width: 100%;" type="text"/>	Date of birth <input style="width: 100px;" type="text"/>
Address (Court summons will be sent here) <input style="width: 100%;" type="text"/>	D D / M M / Y Y Y Y
State <input style="width: 100px;" type="text"/> Postcode <input style="width: 100px;" type="text"/>	
Email <input style="width: 100%;" type="text"/>	
Mobile number <input style="width: 100px;" type="text"/>	Your signature <input style="width: 100%; height: 20px;" type="text"/>
	Date <input style="width: 100px;" type="text"/>
	D D / M M / Y Y Y Y

**Privacy Collection Statement:** Your personal information is being collected for Infringement handling purposes in accordance with Council functions under various Acts. Your information will be used by Council and its Contracted Service providers or as permitted by Law. To gain access to your information please contact Council's Privacy Officer on 03 9742 0777.