

# Application for Infringement Payment Plan

Please complete all details.

## Infringement details

Type of Infringement (please tick)						
Parking <input type="checkbox"/>	Animal <input type="checkbox"/>	Local Laws <input type="checkbox"/>	Litter <input type="checkbox"/>	Police <input type="checkbox"/>	Fire <input type="checkbox"/>	other <input type="checkbox"/>
Infringement number	Date of offence	Registration number (if applicable)				

## Personal details

First name:	Surname:
Postal Address:	
(Street Address if PO Box supplied above)	
Suburb:	Postcode:
Telephone:	
Centrelink CRN: (if applicable)	CRN Expiry Date:

### Conditions for Payment Plans:

- Minimum instalment amounts are  
**\$20.00 per fortnight for Parking Infringements,**  
**\$120.00 per fortnight for Fire, Building and Planning Infringements**  
**\$40.00 per fortnight for all other Infringements.** Payments are to be made as per condition (5).
- An extension of time to pay the infringement can be arranged if requested on this form.
- Once the Payment Plan has been established, extensions will not be available for instalments.
- Failure** to pay **ANY** instalment **by the specified date** will result in **cancellation** of the instalment plan which may lead to further costs and/or Lodgment with the Infringements Court without further correspondence.
- Payments will only be accepted by mail or in person.  
**No BPay or Electronic payment options are available.**  
Payments by mail can be cheque or money order made payable to City of Ballarat.  
Payments in person can be by cash, EFTPOS, credit card, cheque or money order.)

## Payment Plan – Instalment Information

<b><u>Proposed Fortnightly Payment Amount:</u></b> \$ _____	<b><u>Proposed First Instalment Payment date:</u></b> ____/____/____
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**OR**

## Extension of time

### **Extension of Time to Pay:**

I would like to have an extension of time to pay and can make full payment on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**(No greater than 3 months from date of Offence)**

I declare that I accept the conditions for payment if the above application for a payment plan is granted.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please tick if supporting documentation is attached**  **ie. copy of Pension or Health Care Card**

City of Ballarat abides by the principles of the Information Privacy Act 2000. The personal information required to be provided on this form is required for administration purposes only. This information will not be released to any other person or organisation, unless required by law. You have the right to access your personal information. If you wish to do so, please contact Council.