



APPLICATION FOR REQUEST TO WAIVE INFRINGEMENT

APPLICANT/S FULL NAME:

SERVICE ADDRESS:

SUBURB STATE POSTCODE:

CONTACT PHONE NUMBER:

REGISTRATION NUMBER:

EXPLANATION OF CIRCUMSTANCES:

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Signature: Date:

PLEASE NOTE: In certain instances a statutory declaration may be required.

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|---------------------------------|---|
| CSC Office Use Only: | Date/Time Received (counter): |
| Infringement attached: Yes / No | Ticket Purchased from Machine: Yes / No |

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|--|----------------------------|
| CSC Office Use Only (Ticket Details): | Make/Model: |
| Date/Time Issued: | Infringement Number: |

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|---|----------------------------|
| Parking Office Use Only: | Infringement on Hold:..... |
| Action: WAIVED TO PAY VERIFICATION REQ | |