



**APPLICATION FOR REQUEST TO WAIVER INFRINGEMENT**

**APPLICANT/S FIRST NAME:** Mr / Mrs / Ms.....

**SURNAME:** .....

**POSTAL 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.

**CSC Office Use Only:** Date/Time Received (counter): .....

- Ticket Purchased from Machine Attached: Yes / No
- Infringement attached: Yes / No
- Copy of Disability Permit, International Licence or Passport: Yes / No  
(Front and back copies are required)

Infringement Number: ..... Date/Time Issued: .....

Make/Model: .....

**Parking Office Use Only:** Infringement on Hold:.....

Action:            WAIVED                            TO PAY                            VERIFICATION REQ

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