



**Please return this completed form to:**  
 22 Nolan Street, Maryborough VIC 3465  
 PO Box 194, Maryborough VIC 3465  
 Tel: 03 5461 0610 | Fax: 03 5461 0666  
 Email: [mail@cgoldshire.vic.gov.au](mailto:mail@cgoldshire.vic.gov.au)

# Application for Payment Plan of Parking Infringement

Print clearly using black/blue pen only

<b>Parking Infringement Number:</b>		
<b>Vehicle Registration:</b>		
<b>Postal Address:</b>		
<b>Person Responsible for Payment of Infringement:</b>		
<b>Telephone Number:</b>		
<b>Email Address:</b>		
<b>Total Amount Currently Outstanding:</b>		<b>As at:</b>

I hereby agree to make the following commitment in order to clear the above infringement of all outstanding charges. I understand that failure to pay on time may result in further costs and enforcement action under the Infringements Act 2006.

I agree to pay the Central Goldfields Shire Council an amount not less than \$ \_\_\_\_\_  
 (please tick) per week  per fortnight  per month

commencing on \_\_\_\_\_

I require a Direct Debit Request Form  Yes  No

<b>Signature:</b>	
<b>Witness:</b>	
<b>Date:</b>	

**Privacy Collection Statement:**

*The collection and handling of personal information will be conducted in accordance with Council's Privacy Policy which is displayed on Council's website and is available for inspection at Council's customer service centre. Please refer to the Privacy Policy for further information.*

Internal Use Only	
Approved	Rejected