**NOMINATION STATEMENT** 

|  |  |  |
| --- | --- | --- |
| If completing this form, return this page intact to: | Infringement No:: |  |
| Maroondah City Council | Vehicle Registration No: (if relevant) |  |
| PO Box 156, Ringwood VIC 3134 | Date of Offence: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **I state that I was not driving or in possession or control of the vehicle at the time of the offence because (select option):** | | | | | | | |
|  | 🞎 | Someone else was the driver in possession or control of the vehicle at the time of the offence | 🞎 | I sold the vehicle to someone else or permanently disposed of the vehicle on this date:  / / | 🞎 | I believe the vehicle or number plate/s displayed on the vehicle were stolen. **Note: You must attach Police Report** | 🞎 | I do not know and cannot identify the person in possession of the vehicle at the time of the offence. **Note: This statement cannot be selected where the offence involves a taxi-cab.** |
|  | go to **B** |  | go to **B** |  | go to **D** |  | go to **C** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | **List the details of the person or corporation who was in possession or controller of the vehicle at the time of the offence.** | | | | | | | | | |
| Surname / Corporation Name | | | | | | | | | |
|  | | | | | | | | | |
| First Name / Corporation ACN | | | | | | | | | |
|  | | | | | | | | | |
| Address of Driver / Corporation | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | State |  | | Postcode |  | |
| Driver licence / Permit Number |  | State / Country of Issue |  | Date of Birth | |  | Taxi DC Number (if applicable) | | |
|  |  |  |  | / / | |  |  | | |
| **Note:** This statement will be rejected if you don’t provide a driver licence number or date of birth for a nominated individual or an CAN for a nominated corporation. If the vehicle is a taxi-cab, you must provide the driver’s accreditation number | | | | | | | | | go to **D** |

|  |  |  |
| --- | --- | --- |
| **C** | **Tell us what reasonable and diligent enquiries you have made to try to identify the person in possession or control of the vehicle at the time of the offence.** | |
|  | |
| **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 **D** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **Your Details:** | | | | | | | | | | | | |
| Surname: |  | | | | | First Name/s: | |  | | | | |
| Your address: | |  | | | | | | | | | | |
|  | | | | | | | State |  | | Postcode | |  |
| It is an offence for an individual or for a body corporate to knowingly provide false or misleading information in a nomination statement. I understand that I may be serviced with a summons to give evidence in relation to this nomination | | | | | | | | | | | | |
| **Confirm your current address and sign to complete the nomination statement** | | | | | | | | | | | | |
| Your signature | | | 🖉 | | | | | | **Date** | | **/ /** | |
|  | | | | | **OR** |  | | | | | | | |
|  | | | | |  | | | | | | | |

**REQUEST A COURT HEARING Infringement Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | | | | | |  | Your driver licence number | |
|  | | | | | |  |  | |
| First Name | | | | | |  | Date of Birth | |
|  | | | | | |  | / / | |
| Address (Court summons will be sent here) | | | | | |  |  | |
|  | | | | | | | | |
|  | | | | State |  | | Postcode |  |
| Email |  | | | | | | | |
| Mobile Phone Number | |  | Your Signature | | |  | Date | |
|  | |  | 🖉 | | |  | / / | |