|  |
| --- |
| **Infringement details** |
| Type |  Animal |  Asset Protect’ |  Building |  Food |  Health |
|  |  Litter |  Local Laws |  Parking |  Planning |  Tobacco |
| Infringement number/s |  | Date | Registration number (if applicable) |
| Location |  |
| Offence/description |
| **Personal details** |
| First name |  | Surname |  |
| Address |  |
| Suburb |  | Postcode |  |
| Contact details | Email |  |
|  | Phone: Day time |  | After hours |  |
| Concession card number (where applicable) |  | Date |

**Payment Plan** - I am the holder of one of the following:

* a Commonwealth Government (Centrelink) Pensioner Concession Card;
* a Department of Veterans’ Affairs Pensioner Concession Card or Gold Card; or
* a Centrelink Health Care Card (all types including non-means tested); or
* a Work and Development Permit (WDP)

**Conditions**

1. Minimum installment amount of $20.00 per fortnight. Payments are to be made as per condition 5.
2. A **copy** of your Concession card **must be attached**.
3. **Failure** to pay **ANY** installment **by** the **specified date** will result in **cancellation** of the payment plan.
4. Extension to the payment plan is not available.
5. Payments for a Payment Plan arrangement will only be accepted by mail or in person.

Mail - cheque or money order made payable to Maroondah City Council.

In person - cash, EFTPOS, cheque or money order)

***No BPay or Electronic payment options are available.***

**Extension of Time** - I am not a holder of a valid concession card but am able to demonstrate financial hardship.

**Conditions**:

1. A **maximum 3-month** extension of time (from the current due date) **may be granted** at Council’s discretion
2. Your application may be assessed based on your outstanding fine amount, income, financial status, payment history and any hardship that you are experiencing.
3. This is a once off extension and no further extension will be available on this infringement.

I declare I have attached relevant documentation to support my application. I acknowledge, I will receive written notification explaining the outcome of my application and accept the conditions for this payment arrangement if the above application is granted.

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