

Application for a Payment Arrangement



Please tick the relevant box and complete ALL relevant details

Infringement details					
Type	<input type="checkbox"/> Animal	<input type="checkbox"/> Asset Protect'	<input type="checkbox"/> Building	<input type="checkbox"/> Food	<input type="checkbox"/> Health
	<input type="checkbox"/> Litter	<input type="checkbox"/> Local Laws	<input type="checkbox"/> Parking	<input type="checkbox"/> Planning	<input type="checkbox"/> 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: _____

"Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - privacy@maroondah.vic.gov.au

Contact us

Phone 1300 88 22 33 or 9298 4598 Fax 9298 4345

maroondah@maroondah.vic.gov.au | www.maroondah.vic.gov.au | PO Box 156, Ringwood 3134 | DX 38068, Ringwood

Visit us

City Offices Braeside Avenue, Ringwood **Realm** 179 Maroondah Highway, Ringwood **Croydon** Civic Square, Croydon