

STATIONARY VEHICLE INFRINGEMENT NOTICE EXPLANATION SHEET

Address all correspondence to: Whakatane District Council Private Bag 1002 Whakatane 3158 I Phone 07 306 0500 I Fax 07 307 0718 Attention: The Parking Section										
INFRINGEMENT DE	TAILS									
Infringement Notice No			Date Issued							
Vehicle Registration No						•				
APPLICANT DETAILS										
First Name			Seco	Second Name						
Surname			Known As							
Physical Address										
House/Unit Number	/Unit Number		Stree	et						
RD Number			Subu	ırb/Area						
Town	Town				Post Code					
Postal Address (if d	ifferent fro	om Physical address)								
Home Phone			Work Phone							
Mobile Phone				Date of Birth						
Email Address										
Are you the registered owner of the above vehicle Yes No										
If 'No' please enter the details of the registered owner										
First Name		Seco		ond Name						
Surname				wn As						
Physical Address										
House/Unit Number	Stree		et							
RD Number		Suburk		ırb/Area						
Town				Post Code						
Postal Address (if different from Physical address)										
								_		
Home Phone		Work		k Phone						
Mobile Phone			Date	of Birth						
Email Address										

Please complete your explanation on the reverse:

EXPLANATION							
DECLARATION							
I declare that the above statements are true and correct							
. dodato triat trie abi	ors statements are true and correct						
Signature		Date					