



Please complete all sections below to have your infringement reviewed.

Note: Only one Internal Review may be submitted per Infringement Notice.

Section 1 – Applicant's De Please circle the relevant		ng the application) –				
	<u>yr: </u>					
You are: Person named on the infringement / Other person with consent / Authorised Company Representative						
Given name of applicant: _	<del></del>					
Surname of applicant:		<del></del>				
Corporation Name and AC	N/ABN					
Street number and street n	ame:					
Suburb:	3144	State:	Postcode:			
Section 2 – Infringement I wish to have reviewed)	Details (Please comple	e a separate form for ea	ich infringement you			
		1 10000				
Infringement Number:						
Infringement Type: (please	circle one)					
Parking / Animal / Environm	nent Protection / CFA /	Local Law				
Section 3 – Grounds for A (Please circle the relevant		s on page 2)				
F			C			
Exceptional Circumstances	Co	ontrary to Law	Special Circumstances			
Mistaken Identity	Pe	nalty Reminder Notice Fe	e Waiver Request			
Explain circumstances/grounds for your application here (please attach a separate sheet if you require more space):						
I understand that this is the only Internal Review for this Infringement that I am able to submit pursuant to s.22 (2) (e) of the <i>Infringements Act 2006.</i>						
Signature of Applicant		Da	te:			
Send this application with a	ny supporting evidence	to:				
Community Safety Coordin	ator, Hepburn Shire Co	uncil, PO Box 21, Daylesfo	rd VIC 3460			
EPBURN SHIRE COUNCIL	▶ DAYLESFORD	▶ CRESWICK	CLUNES			

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D	escription	ot r	elevant	grounds	tor internal	review appeal

1) Exceptional Circumstances

Please provide details of the exceptional circumstances surrounding your case and provide reasons why your circumstances or situation are such that the infringement should be Withdrawn or an Official Warning issued.

## 2) Contrary to Law

Please provide the reasons why you consider the decision to issue you with an infringement unlawful.

## 3) Special Circumstances

Special Circumstances are:

- a. A mental or intellectual disability, disorder, disease or illness
- b. A serious addiction to drugs, alcohol or a volatile substance
- c. Homelessness

You must provide evidence from one of the following parties that you suffer from one or more of these conditions and attach to this application:

- a. A case worker, case manager or social worker
- b. A general practitioner, psychiatrist or psychologist
- c. An accredited drug treatment agency

You must also prove that the condition prevented you from realising that the conduct was an offence or from controlling that conduct.

4) Mistaken Identity

Please provide the reason/s why you believe there has been a case mistake of identity and identify the name and address of the person involved and the relationship of that person to you.

## 5) Penalty Reminder Notice Fee Waiver Request

Please provide the reason/s why you believe the Penalty Reminder Notice Fee should be waived.

Note: The original penalty amount is still applicable under this request.

Applicants please note:

If you do not provide sufficient information, the enforcement agency may request further information. If you do not provide this further information within 28 days of the date of request, the enforcement agency may determine the application without the further information.

Consent for internal review	
(To be completed if another person is acting on your behalf)	
I (person named on the infringement)	
of (address of person named on the infringement)	
give my consent to (name of person making the application on my behalf)	
to apply for an Internal Review on my behalf in relation to infringement number	
Signed (person named on the infringement)	Date
Signed (other person with consent)	Date