



PAYMENT PLAN APPLICATION

1 Infringement Details

<input type="checkbox"/> Parking <input type="checkbox"/> Animal <input type="checkbox"/> Local Law <input type="checkbox"/> Fire Prevention <input type="checkbox"/> Environment Protection / Litter <input type="checkbox"/> Planning	
Infringement Notice Number/s	
Vehicle Registration (parking infringement only)	
Vehicle Make (parking infringement only)	

2 Applicant Details

First Name		Last Name							
Residential Address					Post				
Postal Address					Code				
Home Phone		Work Phone		Mobile Phone					
Email Address									

Council will notify you of the outcome in writing. All correspondence will be by email unless otherwise requested.

3 Are you the holder of a Centrelink Health Care Card, Concession Card, or DVA Gold Card?

<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Type of Assistance (ie. Newstart, Low Income, etc) _____
	Reference Number (ie. CRN): _____
	Date of Grant: _____
	Date of Expiry: _____

4 Please provide a brief explanation why you would like to be considered for this application. If you do not receive Centrelink benefits, please explain why paying this infringement will cause you hardship.

5 Payment Details

TOTAL amount owing for all infringement/s on this application	
Payment amount per week / fortnight	<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$40 <input type="checkbox"/> \$50
Payment schedule	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly
When can you make the first payment?	/ / 20

A Payment Plan may last no longer than six months. An application must be received before the due date for payment.

6 Declaration

I declare that the contents of this application are true and correct to the best of my knowledge and I understand that my application will be assessed based on the information I have provided.

I understand that a payment plan does not start until I pay the first instalment, and that if I fail to pay the first instalment by the due date, the plan will be cancelled immediately.

I understand that if I fail to pay any other instalment by the due date, the plan will be in default and will be cancelled after 14 days.

I understand that once a plan is cancelled, Council will take action to recover the outstanding amount from me.

I understand that once a plan is cancelled, I cannot request another payment plan for the same infringement(s).

I understand that once a plan is cancelled, no further review of the infringement(s) attached to the plan is possible.

Signature	Date / / 20
-----------	-------------

Submitting your application

Email Email signed, scanned copy to council@hrcc.vic.gov.au.

Mail Post the completed and signed application together to PO Box 511, Horsham Vic 3402.

In person Horsham Rural City Council
Civic Centre
Roberts Avenue
Horsham, Victoria
Monday – Friday
9:00 am – 5:00 pm

Privacy Statement

Horsham Rural City Council is collecting the information on this form so that it may consider your application. The information is only used by Horsham Rural City Council for this purpose and will not be disclosed unless required or authorised by law.