

## Application to Appeal an Infringement



PARTICLUARS OF APPLICANT	
Given Name/s	Surname
Postal Address	
Email Address	
Phone Number	Date of Birth
License Number	Vehicle Registration
INFRINGEMENT DETAILS	
Infringement Number	Date of Issue
REASON FOR APPEAL (please tick the appro	priate box below)
	n is required from your medical professional ation is required from reputable motor service company o the law
	or you disagree with the law ok accommodation
DECLARATION	-d
The information I have provide is true ar	na correct
Signature	Date

## **FURTHER INFORMATION**

Failure to pay or appeal your infringement within 28 days from issue may result in additional penalty cost being incurred and/or you may be prosecuted or enforcement action may be taken under the *Fines, Penalties and Infringement Notices Enforcement Act 1994* 

Please submit the completed form with supporting documents to the Shire of Exmouth.

Email: <a href="mailto:info@exmouth.wa.gov.au">info@exmouth.wa.gov.au</a>
Mail: PO Box 21, Exmouth WA 6707

In Person: Shire of Exmouth Administration; 2 Truscott Crescent, Exmouth