



Australian Government
National Capital Authority

APPLICATION TO DISPUTE LIABILITY FOR INFRINGEMENT NOTICE **PARKING OFFENCE**

ALL FIELDS ARE MANDATORY. INCOMPLETE FORMS MAY NOT BE PROCESSED.

PERSONAL DETAILS

Please print your **FULL NAME** and **ADDRESS BELOW**. This section must be completed by the person making the declaration.

Surname	<input type="text"/>	Given Names	<input type="text"/>		
Address	<input type="text"/>			Postcode	<input type="text"/>
Phone No.	<input type="text"/>	Occupation	<input type="text"/>		
DOB	<input type="text"/>	Licence No.	<input type="text"/>	Licence State	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>		
Infringement No.	<input type="text"/>	Registration No.	<input type="text"/>	Registration State	<input type="text"/>

I wish to dispute liability for the above Infringement Notice on the following grounds:

Signature of Applicant:	<input type="text"/>	Date	<input type="text"/>
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