



**Australian Government**  
National Capital Authority

# OUT OF TIME APPLICATION 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 apply for an extension for the above Infringement Notice to take one of the following actions:

- Pay the notice    
  Dispute Liability    
  Apply for Withdrawal    
  Submit an Infringement Notice Declaration

I require  days to pay the notice

I could not make an application within the time originally allowed for the following is the reason:

Signature of Applicant:  Date