



**Australian Government**  
National Capital Authority

# APPLICATION FOR EXTENSION OF TIME TO DISPUTE LIABILITY **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 of time to dispute the above Infringement Notice on the following grounds:

Signature of Applicant:  Date