



**Australian Government**  
**National Capital Authority**

# APPLICATION FOR WITHDRAWAL OF AN 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

Given Names

E-mail

Address

Postcode

Phone No.

Occupation

DOB

Licence No.

Licence State

Phone (home)

Phone (work)

Infringement No.

Registration No.

Registration State

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I wish to apply for the withdrawal of the above Infringement Notice on the following grounds:

Signature of Applicant:

Date