



Australian Government
National Capital Authority

APPLICATION FOR EXTENSION OF TIME TO PAY PENALTY **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 understand the Road Transport Authority may refuse my request or may adjust the time requested for the extension.

I hereby apply for and additional days to pay the parking infringement notice.

Signature of Applicant: Date