



Australian Government
National Capital Authority

OUT OF TIME APPLICATION PARKING OFFENCE

PERSONAL DETAILS

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

Surname Given Names

Address Postcode

Phone No. Occupation

DOB Licence No. Licence State

Phone (home) Phone (work)

Infringement No. Registration No. Registration State

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