Infringement Appeal

ALICE SPRINGS TOWN COUNCIL

Applicant Details

Surname: _____ **Given Name/s:** _____

Date of Birth: Day/Month/Year **Mobile:** _____

Residential Address: _____

Postal Address: _____

Email: _____ **Other Phone:** _____

Infringement Details

Infringement No.: _____ **Date Issued:** _____

For Parking Infringement

Vehicle Registration: _____

Before continuing this appeal, note the following: Unless under ***exceptional circumstances***, the below list includes, but is not limited to examples of reasons ***that will not be considered for an appeal***. It is the responsibility of the driver to be aware of all circumstances related to the parking of their vehicle.

- The driver lost track of time, an appointment ran over time or there was nowhere else to park.
- The driver did not have a valid permit.
- The driver states other drivers park there all the time or the driver thought they were allowed to park there.
- The vehicle was only parked a little over the footpath, there was still space for pedestrians to get around.
- The sign was not seen, the sign was confusing or the sign was not understood.
- The driver was not aware of the parking requirements or restrictions.

The following circumstances *may be considered* for a parking infringement appeal *if all criteria are met*.

- Emergency related to a Medical Reason: ☐
  A medical certificate/documentation from a medical practitioner/hospital will be required as evidence. Please submit this evidence with this appeal.

- Failing to display a valid permit, in marked/permit parking bays: ☐
  Repeated offences of the same type will not be considered.

  Name of Permit Holder: _____

  Permit Number: _____ Expiry Date: _____

- Mechanical Breakdown: ☐
  Evidence along with a statutory declaration to be provided.

- Vehicle Stolen: ☐
  Police Case, Report or PROMIS number: _____

- Please write below any relevant information that pertains to your appeal, or if the criteria of exceptional circumstances apply:

For Animal Control, Public Places or Other Infringement

Animal Control: ☐ Public Places: ☐ Other: _____

Please write the below and submit any relevant information:

Other

The appeal response will be in writing. Email ☐ or Post ☐ the response.

Please submit your completed form and relevant evidence:

- **In person to – Civic Centre Reception, 93 Todd Street, Alice Springs NT 0870**
- **By email to – astc@astc.nt.gov.au**
- **By post to – Alice Springs Town Council, PO Box 1071, Alice Springs NT 0871**
- **By fax to – (08) 8953 0588**

To Be Signed and Dated by Applicant

Signature: _____ Date: _____

(Signature of Applicant)

OFFICE USE ONLY

ALICE SPRINGS TOWN COUNCIL

Infringement No.:

Copy of Infringement: ☐ Copy of Photo/s: ☐

Other:

Current Status of INF: Next Status: Date of next Status:

Date infringement put on Hold:

Ranger Manager Recommendation:

Signature: _____ Date: _____

(Signature of Manager)

Director: ☐ Approved ☐ Not Approved

Comments:

Signature: _____ Date: _____

(Signature of Director)

Infringement Status changed as per the decision on

Response emailed ☐ posted ☐ on

Processed By: