

# Application for a payment plan for a parking fine (infringement notice)



City of HOBART

## When to use this form

Use this form when you would like more time to pay a parking fine.

Information about who is eligible for a payment plan is available on our [website](#). Please make sure you read this information before completing this form.

If you are not eligible to apply for a payment plan you may be able to apply for an extension of time. You can also use this form to do this.

## Applicant details

First name Required

Last name Required

Date of birth Required

D	D	M	M	Y	Y	Y	Y
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Email address Required

Telephone number Required

Street address Required

Postal address (if different to above)

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

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## Details of the vehicle and infringement notice

Vehicle registration number Required

Infringement notice number Required

Infringement notice date Required

D	D	M	M	Y	Y	Y	Y
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## Payment details

What are you applying for? (Select 1 option) Required

- more time to pay (extension of time to pay the full amount)
- payment by instalments

What is the reason for your request? Required

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### More time to pay

For more time to pay please select the payment date and then complete the declaration at the end of this form.

D	D	M	M	Y	Y	Y	Y
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### Payment by instalments

For payment by instalments please complete the information below

Frequency of payment (Select 1 option)

- weekly
- fortnightly
- monthly

How much do you want to pay in each instalment?

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Start date

D	D	M	M	Y	Y	Y	Y
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End date

D	D	M	M	Y	Y	Y	Y
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### Eligibility requirements

Information about who is eligible for a payment plan and the circumstances that will and won't be considered is available on our [website](#).

**I have a: (Select 1 option)**

- Centrelink Pensioner concession card
- Department of Veteran's Affairs Pensioner concession card
- Centrelink Health Care card
- full time student card

**Please include a copy or image of your card.**



Please attach all files to the end of this form before submitting it.

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## Declaration

**In making this application: (Select 1 or more options)** Required

- I accept this payment plan and understand that if I miss a payment, I will have to pay the full balance immediately. Required
- I understand that if I don't pay the full balance, my infringement(s) will be sent to the Monetary Penalties Enforcement Service to collect the balance. This will result in significant extra costs. Required
- I agree that by typing my name below I have signed this application. Required

**Name of signatory** Required

**Date** Required

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

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*End of form*

*Don't forget to attach all files before submitting this form*