

**REQUEST TO REVIEW
PENALTY INFRINGEMENT NOTICE**



PO Box 81 Phone: 6801 4000
DUBBO 2830 Fax: 6801 4259
E-mail: council@dubbo.nsw.gov.au

1. Applicant Details:

Title: Mr Mrs Miss Ms Other

Surname: _____

Given name/s: _____

Organisation (if applicable): _____

Postal address: _____

E-mail: _____

Phone: _____ (H) _____ (B) _____ (M)

2. Infringement Details (please tick appropriate box):

- Mobility Parking Scheme General Parking Resident Parking Permit
- On-street Car Park Off-street Car Park

Penalty Infringement Number: _____

Date of issue: _____

3. Reason for request to review Penalty Infringement Notice:

Please provide documentary evidence to substantiate the circumstances (eg vehicle breakdown - NRMA or mechanic attendance receipt)

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY: To be completed by Customer Services staff:

For Mobility Permit Parking only, please confirm the following:

- | | |
|---|--|
| Identify of permit holder confirmed: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copy of the back and front of Mobility Parking Scheme Card attached: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copy of Penalty Infringement Notice returned to customer: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copy of receipt from Services NSW (if permit damaged/expired): | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copy of driver's licence (if permit issued is in the name of an organisation): | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Statutory Declaration from organisation (if permit issued is in the name of an organisation): | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email sent to Senior Traffic Engineer and Parking Patrol Officer: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Customer Service Officer: _____ Date: _____

For general/car park please confirm the following:

- | | |
|---|--|
| Copy of Penalty Infringement Notice attached: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Original Penalty Infringement Notice returned to customer: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Documentary evidence provided to substantiate the circumstances: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email sent to Senior Traffic Engineer and Parking Patrol Officer: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Customer Service Officer: _____ Date: _____