

Parking expiation notice dispute

Applicant's name		
Mailing address		
Contact phone numbers		
Email address		
Expiation notice numbers		
Vehicle registration no.		
Date of Birth	Drivers Licence No	

The lodgement of this dispute does not automatically cancel the expiation notice. Please tick all boxes that are relevant to your dispute and ensure you sign this form.

I was not the driver or owner of the vehicle at the time of the offence. (If you were not driving the vehicle at the time, you can provide a Statutory Declaration or Nomination and include the full name, address, DOB and drivers licence number to us).	<input type="checkbox"/>
The vehicle was parked or stopped in an illegal manner as a result of a medical emergency. (Please provide documented evidence as well as your own written statement with this form).	<input type="checkbox"/>
The vehicle was parked or stopped in an illegal manner as a result of a mechanical failure which prevented the vehicle from being moved to a legal parking space. (Please provide documented evidence from emergency roadside assistance or attending mechanic, as well as your own written statement with this form).	<input type="checkbox"/>
The expiation notice received contains incorrect information such as date, time, and location of offence. (Please provide your own written statement with this form. Please note that a new Expiation notice for the offence may be issued with correct details).	<input type="checkbox"/>
I have a permit to park in a restricted zone and the permit was displayed and fully visible on the passenger side of the vehicle.	<input type="checkbox"/>
There were compelling humanitarian or safety reasons or other reasons for the conduct that resulted in the alleged offence occurring. (Please provide documentation evidence as well as your own written statement.)	<input type="checkbox"/>
I am suffering from a cognitive impairment that excuses the alleged offending. (Cognitive impairment includes a development disability, an acquired disability or a mental illness)	<input type="checkbox"/>
I think the offence(s) (or any of the offences) was trifling. (For special meaning of trifling see Section 4(2) of the Expiation of Offences Act).	<input type="checkbox"/>
I believe there are other circumstances to be taken into consideration. (Please attach your own written statement to this form).	<input type="checkbox"/>
I elect to be prosecuted for the offence shown on the Expiation notice. (Please provide your own written statement with this form outlining your reasons for electing to be prosecuted).	<input type="checkbox"/>

