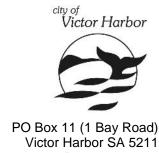
Request for Review of Expiation Notice (Parking – Animal – Other)



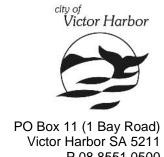
P 08 8551 0500

localgov@victor.sa.gov.au

www.victor.sa.gov.au

Expiation Notice No(s)	*:	Please complete this form in I black pen. Once complete, ret		BLOCK LETTERS using a blue or turn via fax to (08) 8551 0501;	
Applicant Details		email to localgov@victor.sa.gov.au ; or in person at the City of Victor Harbor Civic Centre (1 Bay Road, Victor Harbor). * Required			
Name*					
Address*					
Suburb*			Postcode*		
Email*					
Phone*		Contact number*			
Driver's License No. *		Date of Birth*			
Parking					
Vehicle Registration No.	*				
	If parking related pleas	e choose one of the foll	owing*	Х	
There were compelling I	numanitarian or safety reasons for the	e conduct			
I could not, in all circums	stances, reasonably have averted co	mmitting the offence			
The offence was merely	a technical, trivial or petty instance of	of a breach			
The notice is defective a	and was issued in error				
I have a permit					
I was not the driver (a st	atutory declaration is required)				
I did not own the vehicle	at the time of offence (a statutory de	eclaration is required)			
I did not receive the exp	iation notice				
Animal	If animal related please	e complete two of the fo	llowing*	X	
Dog name (or names if	more than one dog involved)				
Dog registration or tag n	number(or tag number if more than o	ne involved)			
Cat name (or names if n	nore than one cat involved)				
Cat registration or tag no	umber(or tag number if more than or	ne involved)			
Other I	f your expiation notice is not related t	o parking or animals ple	ease describe t	he offence for review	
Offence description					

Request for Review of Expiation Notice (Parking – Animal – Other)



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Comments

Please provide your own statement below stating the reasons for the review along with any supporting documentation you may have such a Statutory Declaration, copy of your permit, receipts or photographs.*