

APPLICATION TO TRANSFER LIABILITY OF A PARKING TICKET

Date Stamp:

*PLEASE COMPLETE A SEPARATE APPLICATION
TO TRANSFER LIABILITY FOR EACH TICKET*

Please ensure all fields are completed with the information requested.
Failure to provide all information will result in a delay with processing.

Notice Number:

Vehicle Registration:

DETAILS OF APPLICANT

Title: Mr Mrs Miss Ms Other

Full Name:

Address:

Postal address:

If different from above:

Phone:

Mobile:

Fax:

Email:

NEW OWNER / DRIVER DETAILS

Failure to supply this information may result in your request being declined and the liability remaining with you.

Title: Mr Mrs Miss Ms Other

Full Name:

Address:

Postal address:

If different from above:

Phone:

Mobile:

Fax:

Email:

STATEMENT

I have attached evidence to support my explanation: Yes No

Printed Name:

Signature:

Date:

Signed Statement: The information contained in this statement is true and correct and has been provided voluntarily.

Refer to back for explanation and for important information.

