

STATUTORY DECLARATION

- WARNING: The Oaths Act 1936 provides a maximum penalty of 4 years imprisonment for any person who knowingly makes a Statutory Declaration which is untrue in any regard.
- WARNING: If this Statutory Declaration is not accepted by the issuing authority at any time, responsibility may return to you and an enforcement warning notice may be issued to you additional fees apply.

SEND COMPLETED DECLARATION to COMMUNITY SAFETY TEAM, TOWN OF WALKERVILLE PO Box 55, Walkerville SA 5081 or email: walkerville@walkerville.sa.gov.au DO NOT SEND OR MAKE PAYMENT – A NEW NOTICE WILL BE ISSUED TO THE NOMINATED DRIVER

This Declaration must be completed by the person the notice is issued to;

- It must be witnessed by a Justice of the Peace or a person proclaimed under Part V of the Oaths Act 1936 (e.g. legal practitioner, a proclaimed police officer);
- Responsibility for payment will remain with the owner if this Declaration is not properly completed and submitted to the Town of Walkerville on or before the due date for payment of the notice.

I,	Daytime Phone No.:						
(Full Name)							
of							
(Address)							
authorised to speak for Company Name: (if ap	plicable)						
do solemnly and sincerely declare that at the	time of the offence referred	to in Expiation Notice No.:					
issued to Motor Vehicle Registration Number	State:						
The vehicle was (⊠Cross applicable) ☐ driven by another person whose details are ☐ sold to the person / company whose details Full Name / Company Name: (<i>if applicable</i>)	are listed below;						
Address: (Full Residential / Company Address) (Postal Address – if same as above, write 'AS ABOVE')							
Drivers Licence No.:	State of Issue:	Date of Birth:	//				
Date Vehicle Sold://	Date of Hire: (from)	/ / (to)/_	//				

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths Act 1936.



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Declared and subscribed at:			in the	State of:	-
Signature: (person making declaration)				Justice of the Peace	
Declared before: Name & ID:				Proclaimed Police Office	ŧ٢
Signature:	Date:	/	/	Commissioner for taking	affidavits