## **WEST COAST COUNCIL**

Tasmania

Tel 03 6471 4700
Fax 03 6471 4720
PO Box 63, Queenstown 7467
11 Sticht St, Queenstown 7467
Email wcc@westcoast.tas.gov.au
Web www.westcoast.tas.gov.au



ABN 20448787926

## Application to enter into a Payment Agreement

Note: Print clearly in the boxed spaces

- Provide an Australian residential address.
- Send your completed form to: West Coast Council, PO Box 63 Queenstown TAS 7467

## A Payment arranged must be made within 28 days from the date of the infringement notice

Full Name						
Postal Address						
Suburb	State		Pos	tcode		
Phone No.		Mobile No.				
Email address						
What was the infringement for? (Eg	g, parking, <i>A</i>	Animal Control)				
Infringement No.		Date:	/	/ /		
I wish to advise my acceptance of the	ne followin	g arrangement:				
That the outstanding amount of		\$		will be paid as follows		
Payment/Instalment Due Date:		Amount				
I accept this payment arrangement ■ A payment arrangement is not va ■ A payment arrangement must not	lid unless s t exceed a p	igned by both Council period of 90 days from	the date	of the ir	ofringement notice	
<ul> <li>Entering a payment arrangeme arrangement signifies my accepta</li> </ul>			viction –	my sigi	nature on the payment	
<ul> <li>The amount payable will not incremains unpaid and it is referred to</li> </ul>						
■ Failure to comply with this paym the State Government Monetary I	ent arrang	ement can result in a				
Your Signature				/	/	
Approved by Authorised Officer (Pr	int Name)					
Authorised Officers Signature				/	/	

