

Office:

Date:/...../.....

Time:

Name:

Infringement Voluntary Payment Plan Application Form

This form is to be completed when requesting a Voluntary Payment Plan to pay an individual infringement valued at \$200 or more. An initial payment of \$60.00 must be made with this application before the due date. A separate application is required for each infringement.

APPLICANT DETAILS - Applicant must be the person named in the Infringement Notice**Mr / Mrs / Ms / Miss** Surname: Given Name/s:

Company Name (if applicable):

Date of birth:

Ph Home:

Work :

Mobile:

Email:

Residential Address:

Infringement details:

Infringement Notice Number:

Issue date:

Method of payment:

☐ By Mail (cheques only) ☐ In Person

ID Type:

(attach copy to application)

ID Number:

Expiry date:

Additional Information:

This application is to be accompanied by the first instalment of \$60.00. After making this application, an instalment plan payment notice will be sent to you by the State Penalties Enforcement Registry (SPER). Upon receiving the payment notice, all future payments are to be made to SPER.

If you do not satisfy a debt using the compliance options offered, further enforcement action may be taken. SPER will determine the enforcement action likely to be most effective for the recovery of all debts owed by the debtor. Depending on the action taken, an enforcement fee may be added. The enforcement options available to SPER include:

1. To suspend the debtors Queensland driver licence or ability to obtain one until the debtor enters into compliance or the debt is satisfied.
2. The issue of a Fine Collection Notice for the redirection of wages, or funds in a bank account.
3. Issue of a Warrant for the seizure and sale of property.
4. The issue of a Warrant of Apprehension for debtors living interstate.
5. The issue of an Arrest and Imprisonment Warrant for debtors living in Queensland.

I declare that the details are correct to the best of my ability and understand that the instalment plan and future payments will be managed by the State Penalties Enforcement Registry and by signing this form I acknowledge and agree to the consequences outlined in this form.

Signature:

Date:

Gladstone Regional Council is collecting your personal information for the purpose of processing your application. Council is authorised to do this under the State Penalties Enforcement Act 1999. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission, or we are required by law.

OFFICE USEAmount: **\$60.00**

Receipt No.:

Date:

Cashier Name:

(Revenue Services):
Sequence No.

Offence Code:

Date processed: