



# Application for Infringement Payment Plan

**Privacy Notice:** Mackay Regional Council is collecting this information to process your Application. If required, Council may provide your details to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law

**P:** 1300 622 529 | **E:** [council@mackay.qld.gov.au](mailto:council@mackay.qld.gov.au) | **F:** 07 4944 2400 | PO Box 41 Mackay QLD 4740 | **ABN:** 56 240 712 069  
**CS Centres:** Mon-Fri, 8:30am-4:30pm | Civic Precinct, Gordon St, Mackay | 65 Broad St, Sarina | 20 Victoria St, Mirani

For your application to be assessed you must:

- Complete all relevant sections;
- Provide all supporting information referred to on this form; and
- Submit with the relevant fee.

Contact council if you have any specific enquiries regarding fees or how to complete this form. Please type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

## SECTION A – APPLICATION TYPE

- |   |   |
|---|---|
| <input type="checkbox"/> PARKING                  | <input type="checkbox"/> ANIMAL                       |
| <input type="checkbox"/> DEVELOPMENT COMPLIANCE   | <input type="checkbox"/> HEALTH                       |
| <input type="checkbox"/> ENVIRONMENTAL PROTECTION | <input type="checkbox"/> OVERGROWN / UNTIDY ALLOTMENT |
| <input type="checkbox"/> WATER                    | <input type="checkbox"/> OTHER                        |

## SECTION B – APPLICANT DETAILS

Title:  Mr  Mrs  Ms  Miss  Other:

Family Name:

Given Name/s:

Residential Address:

Suburb:

Post Code:

Postal Address:

Suburb:

Post Code:

Home Phone:

Work Phone:

Mobile:

Email:

## SECTION C – INFRINGEMENT DETAILS

Infringement Number/s:

Infringement Issue Date/s:

Infringement Offence Details:

*Vehicle details, if applicable:*

Vehicle Details:

State of Registration:

## SECTION D – CONDITIONS OF PAYMENT PLAN

1. Payment of the total outstanding amount of \$\_\_\_\_\_ will be made as per the instalments outlined below:

	Instalment Amount	Instalment Due Date
<b>Instalment 1</b>	\$	Payment due by 4:30pm ____ / ____ / ____
<b>Instalment 2</b>	\$	Payment due by 4:30pm ____ / ____ / ____
<b>Instalment 3</b>	\$	Payment due by 4:30pm ____ / ____ / ____
<b>Instalment 4</b>	\$	Payment due by 4:30pm ____ / ____ / ____
<b>Instalment 5</b>	\$	Payment due by 4:30pm ____ / ____ / ____

2. Extensions to the instalment plan are not available;

3. I/We acknowledge that should I/we fail to pay any instalment as required by condition 1, then the amount of the total amount outstanding will immediately become due and payable and the Mackay Regional Council may take action to recover the amount from me/us.

**SECTION E – APPLICANT DECLARATION**

- I declare that I accept the conditions for payment if the above application for a payment plan is granted;
- I declare the information provided in this application to be true and correct.

Applicant Name:

Signature:

Date:

**COUNCIL APPROVAL**

*Must be approved by relevant Coordinator Health and Regulatory Services.*

Signature:

Date: