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| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – mrsc.vic.gov.au | |

**Payment plan or extension of time request**

If you are the holder of a valid concession card you are eligible to apply for a payment plan or extension of time.

We may consider approving a payment plan or an extension of time for other financial hardship.

Note: This option is only applicable for applications made before the due date, unpaid infringements and if you have not previously defaulted on a payment plan. Alternative payment arrangements can be made through Fines Victoria.

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| **Applicant details**  Full name: |  |
| Address: |  |
| Contact: |  |
| Email: |  |

Are you the holder of a valid concession card? Concession card holders are eligible to apply for a payment plan.

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|  | Centrelink Pensioner Concession Card |  | Centrelink Health Care Card (all types including non-means tested) |  | Department of Veterans’ Affairs Pensioner Concession Card or Gold Card |

Concession card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infringement details**

Infringement number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Infringement**

Animal Infringement

Building Infringement

Parking Infringement

Fire Hazard Infringement

Local Law Infringement

EPA/Litter Infringement

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for payment plan or extension of time**

Payment Plan (paying a bit at a time at regular intervals)  Extension of time

Payment Plan: the minimum amount accepted for payment plan depends on the total of all penalties accrued. The total penalty amount for all infringements will need to be paid within a 6 month period, and the repayment amount will be set to reflect this timeframe.

I have attached evidence in support of my application.

**Signature**

I declare that the information that I have supplied in this form, and any attachments to this form, are true and correct to the best of my knowledge. I understand that by making false or misleading statement in support of this claim, I may be prosecuted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

**Reasons for request**

Describe why you are applying for a payment plan or extension of time, providing supporting documentation such as proof of concession card or financial hardship (if you need more space than what is provided below please attach additional pages to this form)

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