



Please include the  
Infringement Notice  
number below:

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Mailing Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_

I wish to have this infringement reviewed on the following grounds:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***If you are not the registered owner of the vehicle please have the registered owner sign below to give us consent to consider your appeal. Alternatively have the registered owner of the vehicle nominate you as the driver by completing a Known User Statement***

I \_\_\_\_\_ (print name) give my consent for this matter to be reviewed.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to Yarra Ranges Council:**  
**PO Box 105**  
**Lilydale VIC 3140**  
**Fax: 03 9735 4249**  
**Email: [mail@yarraranges.vic.gov.au](mailto:mail@yarraranges.vic.gov.au)**

If you have any further information to support your appeal please feel free to attach copies to this form.

**Phone enquiries:** 1300 368 333