



## INFRINGEMENT APPEAL APPLICATION

### APPLICANT DETAILS

<b>Infringement Number</b>		<b>Vehicle Registration</b>	
<b>Surname</b>		<b>Given Name</b>	
<b>Title</b>	Mr/Mrs/Ms/Dr/Miss/Other (please specify)	<b>Contact Number</b>	
<b>Residential Address</b>			<b>Postcode</b>

### REASON FOR APPEAL

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have any queries or require any further information regarding the completion of this Application Form, please call 1800 753 191 or email [parking@health.wa.gov.au](mailto:parking@health.wa.gov.au)

**PLEASE RETURN TO:** A: MAPD, PO Box 1135, Osborne Park DC, WA 6916 F: (08) 9225 3933  
E: [MAPD.Infringements@health.wa.gov.au](mailto:MAPD.Infringements@health.wa.gov.au)