## HOW TO COMPLETE THIS FORM

1. Complete the form relevant to your situation. Do not make payment if submitting this form.
2. Send to: **City of Ballarat PO Box 655 Ballarat Vic 3350**
3. You will receive a notification in the mail to let you know the outcome of your application.

Please list your Infringement numbers below before submitting your application.

Infringement notice number

# REQUEST A COURT HEARING

**I / The corporation declines to have this matter dealt with under these enforcement provisions and want to have the matter heard and determined by a Court. I understand that I/ The Corporation may receive a summons for this offence.**

Surname

First name

Corporation name (if relevant)

Address (Court summons will be sent here)

Corporation ACN

State

Postcode

Email

Mobile number

Your signature

Date D D / M M / Y Y Y Y