

Infringement Payment Arrangement					Assessment No.
Infringement No:		-		L	
Applicant Name:					
House Number:	Lot Nu	mber:			
Address:			P/Code	9:	
Email:		Phone:			
REASON WHY PAYMENT ARRA	NGEMENT	IS BEING REQ	UESTED:		
Officer's Recommendation:					
CEO's Recommendation:					
Payment Terms: Up to \$300 = 3 Months \$301 - \$600 = 6 Months \$601 and over = 10 Months					
Payment frequency:					
Weekly: Fortnightly:		Monthly:		Other (Please sp	pecify):
Payment amount: \$		Date of first p	payment:		

*If you are experiencing Hardship you can request a variation to the payment arrangement, this is at the discretion of the CEO

Conditions of Arrangement:

- Should two (2) or more consecutive payments lapse then the Shire of Toodyay will, without further reference to the debtor, 1. refer the outstanding amount to Fines Enforcement for further action with all associated costs being borne by the applicant
- All outstanding balances must be settled within the specified time frame. 2.
- A proposed Payment Arrangement is not approved until such time as acceptance of the arrangement is confirmed in 3. writing by the Chief Executive Officer of the Shire.

Signature:	Date:	
FOR OFFICE USE ONLY		
Approved		
Chief Executive Officer:	Date:	
Administration Centre 15 Fiennes Street (PO Box 96 TOODYAY WA 6566	T: 9574 9300) F: 9574 2158 E: <u>records@toodyay.wa.gov.au</u>	