

EXPIATION NOTICE REQUEST FOR REVIEW

The Corporation of the Town of Walkerville

ABN 49 190 949 882

66 Walkerville Terrace, Gilberton SA 5081

PO Box 55, Walkerville SA 5081

Telephone: (08) 8342 7100

Facsimile: (08) 8269 7820

Email: walkerville@walkerville.sa.gov.au

[/www.walkerville.sa.gov.au](http://www.walkerville.sa.gov.au)

CLAIMANT DETAILS

Expiation Notice Number:	Date of offence:
Vehicle Registration Number:	Owner/driver: <input type="checkbox"/> Driver: <input type="checkbox"/>
Drivers Licence Number:	Date of birth:
Full name:	
Mailing address:	
Suburb:	Post code:
Daytime phone:	Mobile phone:
Email:	

The Expiation of Offences Act, 1996 (the Act), the Road Traffic Act (1961) and the Australian Road Rules include provisions that allow an expiation notices to be withdrawn if certain circumstances exist, or the offence could be considered trifling as defined by the Act.

- **Before completing the statement overleaf please answer the questions below** - If you answer **NO** to every question it is unlikely that the Expiation Notice will be waived.
- You may be asked to provide supporting evidence and/or a nomination form to Nominate a Driver of a Parking Offence (attached to this form).
- Parking & Stopping offences are not recorded against a driver's traffic record & do not attract demerit points.
- Section 15(4) of the Act provides that payment of an expiation notice does not constitute an admission of guilt or civil liability.

Were you directed to park or stop in the detected location by an Officer of the South Australian Police? If yes, please provide documented evidence from South Australian Police.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was there a medical emergency which resulted in the vehicle being parked or stopped in the detected location? If yes, please provide a copy of the documented evidence from the Ambulance Service or Registrar of the relevant Hospital Emergency Administration Department.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your vehicle parked in an illegal manner as a result of a mechanical failure or accident preventing you from moving to a legal park? If yes, please provide a copy of documented evidence of the breakdown or accident with your written statement. Your roadside assistance organisation or attending mechanic will be able to provide you with suitable documentation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Expiation Notice which you received contain incorrect information, such as incorrect date, time or location? If yes, please provide your own written statement with this form. Please note that a new Expiation Notice for the offence may be issued in the correct form and manner.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were the signs or road markings relevant to this offence totally obscured or not erected in accordance with Australian Standards or Australian Road Rules? If yes, please provide a written statement containing a diagram of the non-conforming sign or marking. Photographs will assist with your claim, and will be compared to photographs taken at the time of the alleged offence.	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Was your exemption or permit to park in a restricted zone, a valid original permit, in good order and visibly displayed so that the permit number and expiry date was clearly visible from the exterior of the vehicle? If yes, please provide a written statement and photographs to assist your claim, this will be compared to photos taken at the time of the alleged offence. If you failed to display your permit please supply a copy of your permit along with your own written statement in the form of a statutory declaration witnessed and signed by a Justice of the Peace with this form. Failing to display your permit is an offence and expiations may not be cancelled in all circumstances.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Were there compelling humanitarian or safety reasons or other reasons for the conduct that resulted in the alleged offence occurring or was the offence trifling for some other reason? If yes, please provide a written statement and photographs to assist your claim, this will be compared to photographs taken at the time of the alleged offence.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Had you sold the vehicle or was someone else driving the vehicle at the time of the alleged offence? If yes, you will be asked to verify this information by statutory declaration and (if relevant) by providing documentary evidence of proof of sale.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>PAYMENT OPTIONS</p>	
<p>Payment can be made:</p> <ul style="list-style-type: none"> In person at Town of Walkerville, 66 Walkerville Terrace, Gilberton SA 5081 By mail to Town of Walkerville, PO Box 55, Walkerville SA 5081 By Telephone (08) 8342 7100 using a credit/debit card <p>Payment options: Contact Fines Enforcement & Recovery Unit for payment options 1800659538 or www.fines.sa.gov.au</p>	
<p>SUPPORTING STATEMENT Describe circumstances that led to the offence taking place.</p>	
<p>DECLARATION</p>	
<p>Surname/Family Name:</p>	<p>First Name:</p>
<p>Applicant's signature:</p>	<p>Date:</p>
<p>Return completed form to the Town of Walkerville via post or email as per details above. Enquiries can be directed to the Customer Experience team on (08) 8342 7100</p>	

NOMINATION FORM

To NOMINATE A DRIVER OF A PARKING OFFENCE

Where the Registered Owner was not the Driver at the time of the Offence.

WARNING: A person must not, in making a nomination for the purposes of this section, make a statement that is false or misleading in a material particular. Maximum penalty: \$25,000 or imprisonment for four (4) years.

WARNING: If this nomination is not accepted by the issuing authority at any time, responsibility may return to you and an enforcement warning notice may be issued to you – additional fees apply.

RETURN COMPLETED FORM to the TOWN OF WALKERVILLE
Via - PO Box 55 Walkerville SA 5081 or Email: walkerville@walkerville.sa.gov.au

The original expiation notice will be cancelled and a new notice will be issued to the nominated driver.

The Registered Owner of the vehicle or the Person the notice was issued to, must complete this Declaration:

- **Incomplete or inaccurate declaration forms will not be accepted**
- Payment will remain the responsibility of the registered vehicle owner

PART 1 – Expiation notice and recipient details

I, _____
(Full Name)

of _____
(Address and Postcode)

Daytime phone no: _____ Email: _____

Licence no: _____ Date issued: _____ Date of Birth: _____

Company name (if applicable): _____
(N.B. If a company owned vehicle, state your position in the company and registered office of the company below)

Position in company: _____

Registered Office: _____

Received expiation
notice number:

Issued to vehicle
registration number:

(EXPIATION NOTICE NUMBER)

PART 2 – Nomination – select either option A or B below

OPTION A – At the time of the alleged offence, the vehicle has been: ☐ Sold ☐ Hired ☐ Leased

SOLD on ____ / ____ / ____ HIRED/LEASED from ____ / ____ / ____ to ____ / ____ / ____

DETAILS OF THE PERSON TO WHOM THE VEHICLE WAS SOLD, HIRED or LEASED

To: _____
(FULL NAME or COMPANY NAME)

Of: _____
(ADDRESS AND POSTCODE)

Date of birth: ____ / ____ / ____ Licence number: _____ State of issue: _____

PART 2 – Nomination – select either option A or B below

OPTION B – I was the owner of the above-named vehicle but was not the driver. To the best of my knowledge and belief, at the time of the alleged offence, the driver was:

(FULL NAME or COMPANY NAME)

Of: _____
(ADDRESS AND POSTCODE)

Date of birth: / / Licence number: State of issue: _____

PART 3 – Signature

WARNING: Under section 174A (13) of the *Road Traffic Act 1961*, there is a **maximum penalty of \$25,000 or four (4) years imprisonment** for making a statement that is false or misleading in a material particular, when making a nomination. You may be asked to make a statutory declaration to verify any information in this nomination.



I hereby state that this nomination is true and correct.

(PRINT FULL NAME)

(SIGNATURE) DATE: / /