

CITY OF WODONGA Known user statement

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 Fax: (02) 6022 9322 Email: info@wodonga.vic.gov.au

Made under Section 84 BE of the *Road Safety Act 1986**Please note: Failure to fully complete all sections may render this statement invalid.***Infringement number:** _____**Vehicle registration number:** _____**Statement**I, _____
(Surname) (Given name)of, _____
(Address)_____
(City/town) (Post code)_____
(Email) (Phone number)**State that in relation to the offence -**

I was not at the time of the offence driving, or had at the time of the offence possession or control of the motor vehicle or trailer or the motor vehicle to which the trailer was attached; AND

I provide the following information to sufficiently identify and locate the person who I last knew as having (before the offence) possession or control of the motor vehicle or trailer or of the motor vehicle to which the trailer was attached.

(Surname) (Given name)_____
(Address)_____
(Email) (Phone number)_____
Date of birth (if known) Driver's licence number (if known)**I provide the following reasons for not knowing and being able to ascertain the identity of that person -**

(If insufficient space has been provided please attach an additional page to this statement)**Acknowledgement**

I acknowledge that it is an offence to provide false or misleading information, the maximum penalty being \$6600.

Signed: _____ Date: _____