

**CITY OF WODONGA** Request for payment arrangement for a infringement notice**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

Infringement number/s:																
Registration number (if parking infringement):																
Offence locality:																
Type of offence:																
Request	I, (name)															
	Of (address)															
	Suburb:			State:				Post code:								
	Email:															
	Phone:					Mobile:										
	Agree to a payment arrangement of \$										per <input type="checkbox"/> week		<input type="checkbox"/> fortnight		<input type="checkbox"/> month	
	for the above infringement/s comencing:										/	/	/20			
Declaration: This form must be signed by the person making the request.	Name:															
	Signed:					Date:										

*PLEASE NOTE: You will be notified by letter of the decision made in this respect of this matter.*

<b>Office use only</b>
Received by:
Date received: