Infringement **Explanation Form**



Please fill in the details below	
Infringement Notice Number	Infringement Date
Personal Details	
Mr. Mrs. Miss Ms Surname (Please circle one)	
First names	
Address	
Email Address	
Phone no. include area code	Date of Birth
Vehicle Details	
Vehicle Registration	Driver Licence
Are you the registered owner of the vehicle (please circ	cle one) Yes / No
If not, please state the name & address of the register	red owner
EXPLANATION:	
Please attach any additional information to assist u	us determine a response (e.g WOF, New Registration Sticker).
	DD/MM/YYYY
Signature	Date

A response will be sent to you once the explanation has been reviewed.

THAMES-COROMANDEL DISTRICT COUNCIL

Private Bag, 515 Mackay Street, Thames | phone: 07 868 0200 | fax: 07 868 0234 | customer.services@tcdc.govt.nz | www.tcdc.govt.nz