Infringement **Explanation Form**



Please fill in the details below	
Infringement Notice Number	Infringement DateDD/MM/YYYY
Personal Details	
Mr. Mrs. Miss Ms (Please circle one) First names	
Address	
Email Address	
Phone no. include area code	Date of BirthDD/MM/YYYY
Vehicle Details	
Vehicle Registration	Driver Licence
Are you the registered owner of the vehicle (please circle one) Yes / No If not, please state the name & address of the registered owner	
EXPLANATION:	
Please attach any additional information to assist us determine a respons	se (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