



Statutory Declaration

I,
Full name or in the case of a corporation the full name of the authorised person completing the declaration is required

of
Number Street Suburb Postcode

On behalf of
(Full name of corporation that owned the vehicle if applicable) (Authorised person's position in Corporation if applicable)

do solemnly and sincerely declare that at the time of the offence stated in infringement notice
..... and involving vehicle with registration number ;
infringement notice number vehicle registration number

Please tick one of the following

☐ I was the owner of the vehicle; **or** ☐ I was not the owner of the vehicle;

I further declare that at the time of the offence I was not the driver or person in charge of the vehicle.

Please tick one of the following and supply full details

☐ The responsible person was: ☐ The vehicle had been sold or otherwise disposed of by me to:

.....
Family Name (or Corporation Name) Given Names

.....
Number Street Suburb Postcode

.....
Date of Birth (if known) Licence No. (if known) State of Issue (if known)

.....
Date vehicle sold or disposed of (if applicable)

☐ The vehicle was stolen or illegally used at the time of the offence and the matter was reported to:
..... at Police Station on ;
Police Officer's name Date

And I make this solemn declaration conscientiously believing the same to be true.

.....
Signature of declarant

Taken and declared at in the State of on the day of 20....

.....
A Justice of the Peace/
Commissioner for Declarations

Note: Driver means the person driving or in charge of a vehicle.

Important: The Statutory Declaration should be submitted to EMHS Parking Department, by email or post as below, within 28 days from the date of the last Department correspondence.

Email: EMHS.ParkingDepartment@health.wa.gov.au

Postal address: EMHS Parking Department, GPO Box X2213, PERTH WA 6847