



ALL SECTIONS MUST BE COMPLETED.

## INFRINGEMENT APPEAL APPLICATION

### APPLICANT DETAILS

Infringement Number		Vehicle Registration	
Surname		Given Name	
Title	Mr/Mrs/Ms/Dr/Miss/Other (please specify)	Contact Number	
Residential Address	Postcode		

### REASON FOR APPEAL

Applicants Signature

Date \_\_\_\_\_

If you have any queries or require any further information regarding the completion of this Application Form, please email [EMHS.ParkingDepartment@health.wa.gov.au](mailto:EMHS.ParkingDepartment@health.wa.gov.au) or call (08) 6477 5377

**PLEASE RETURN TO: EMHS Parking Department:**

Email: [EMHS.ParkingDepartment@health.wa.gov.au](mailto:EMHS.ParkingDepartment@health.wa.gov.au)

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