

## **Application for a Refund on Garnishee Order Payment**

Fines, Penalties and Infringement Notices Enforcement Act 1994 s 95ZC

Post: Locked Bag 3000 PERTH WA 6839

**Phone:** (08) 9425 2932 **Fax:** (08) 9221 7894

Email: garnishee@justice.wa.gov.au

| Your details           | Full name:  |  |             |      |              |   |        |  |
|------------------------|---|--|-------------|------|--------------|---|--------|--|
|                        | Address:  |  |             |      |              |   |        |  |
|                        | Suburb:   |  |             |      | Postcode:    |   | State: |  |
|                        | Date of birth:                                      |  | Phon        |      | Phone:       |   |        |  |
|                        | Email:  |  |             |      |              |   |        |  |
|                        | Driver's licence no:                                |  | Vehicle lic |      | Vehicle lice | ence no:  |        |  |
| Case details           | Please fill out below                               |  |             |      |              |   |        |  |
|                        | Case number(s) Alleged offence(s) Agency who issued |  |             |      |              |   |        |  |
|                        | , ,   |  | <b>3</b> () |      |              | infringement Example WA Police Force, City of Subiaco etc |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        | Reason for  |  |             |      |              |   |        |  |
| request                |   |  |             |      |              |   |        |  |
| (must be completed)    |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
|                        |   |  |             |      |              |   |        |  |
| Account                | Account   |  |             | BSB: |              | Account   |        |  |
| details (if approved)  | name:   |  |             |      |              | number:   |        |  |
| Signature of applicant |   |  |             |      |              | Date  |        |  |

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