



Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

APPLICATION FOR CONSIDERATION OF CIRCUMSTANCES
LEADING TO THE ISSUE OF A CITY OF SUBIACO PARKING INFRINGEMENT

Please complete all sections before returning to: WNHS.Parking@health.wa.gov.au

DRIVER DETAILS:

MR/MRS/MISS/MS: SURNAME:GIVEN NAME:(in full)
TELEPHONE NO: (WORK) (HOME).....
ADDRESS:.....POSTCODE:
EMAIL:

INFRINGEMENT NOTICE DETAILS: (DO NOT SEND Infringement notice to WNHS. Please attach a COPY only)

INFRINGEMENT NOTICE NUMBER: DATE:.....TIME:.....

PLACE INFRINGEMENT OCCURRED (STREET OR ROAD):.....

ALLEGED OFFENCE:.....

PENALTY \$.....VEHICLE REGISTRATION NUMBER:.....

PATIENT DETAILS:

SURNAME:FIRST NAME:

DATE OF BIRTH: ADDRESS (IF NOT THE SAME AS DRIVER):.....

CONTACT DETAILS OF DOCTOR TREATING THE
PATIENT.....

WARD/CLINIC ATTENDED AT THE TIME OF THE INFRINGEMENT NOTICE:

STATEMENT OF CIRCUMSTANCES LEADING TO INFRINGEMENT, TO BE FILLED OUT BY DRIVER/PATIENT ONLY: The
City of Subiaco will only consider an application when attendance at the Hospital was for a MEDICAL EMERGENCY (The City of
Subiaco & KEMH define this as "a serious and unexpected situation involving illness or medical event and requiring immediate
action that prevents the driver from complying with parking regulations,).

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