



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

Please complete all sections before returning to: Metropolitan Access and Parking Department
PO BOX 1135, Osborne Park DC, WA 6916
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 MAPD. 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 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").

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

I understand that Metropolitan Access and Parking Department (MAPD) will communicate with the City of Subiaco and
advise that office of the circumstances as detailed. I further understand that any decision concerning this matter is the
responsibility of the City of Subiaco and not MAPD.

SIGNATURE:

DATE:

HOSPITAL USE ONLY

HOSPITAL ASSESSMENT:

Was the driver prohibited from complying with parking regulations due to a **MEDICAL EMERGENCY?**

YES NO

DETAILS OF MEDICAL EMERGENCY:
.....
.....
.....

Signature on behalf of hospital: **Date:**

Name: **Position:**

MAPD ASSESSMENT:

ADDITIONAL COMMENTS OR INFORMATION:
.....
.....
.....

I have conducted a thorough investigation into the matter and confirm the driver/patient was involved in a **medical emergency.**

Signed on behalf of MAPD: **Date:**

Name: **Position:**