

Applicant Details

Surname:				
Given Names:				
Residential Address:				
	Suburb:	State:	Postcode:	
Postal Address:				
	Suburb:	State:	Postcode:	
Phone Number Home:				
Phone Number Mobile:				

Expiation Details

Expiation Notice Number:		Dogs Name:	
Date of Offence:		Time of Offence:	

Please tick all relevant boxes below

The lodgment of this application to review your dog expiation notice does not automatically cancel the expiation notice. Please tick all the boxes that are relevant, attach documented evidence (if applicable) and complete the Statutory Declaration (on reverse of this form) ensuring it is witnessed and signed by a Justice of the Peace.

<input type="checkbox"/>	<p>I was not the owner or person responsible for the dog at the time of the offence.</p> <p>If you were not the owner or the person responsible for the care of the dog at the time, please provide your own written statement in the form of a Statutory Declaration (see reverse of this form) witnessed and signed by a Justice of the Peace, which includes the full name and address of the owner or person responsible.</p>
<input type="checkbox"/>	<p>The dog escaped from my property as a result of an intruder.</p> <p>Please provide documented evidence (a police report number) as well as your own written statement in the form of a Statutory Declaration (see reverse of this form) witnessed and signed by a Justice of the Peace.</p>
<input type="checkbox"/>	<p>My dog was registered with Council at the time of the offence.</p> <p>Please provide documented evidence as well as your own written statement in the form of a Statutory Declaration (see reverse of this form) witnessed and signed by a Justice of the Peace.</p>
<input type="checkbox"/>	<p>The expiation notice received contains incorrect information such as date, time or location of offence.</p> <p>Please provide your own written statement in the form of a Statutory Declaration (see reverse of this form) witnessed and signed by a Justice of the Peace. Please note that a new expiation notice for the offence may be issued with the correct details.</p>
<input type="checkbox"/>	<p>I believe there are other circumstances to be taken into consideration.</p> <p>Please provide documented evidence as well as your own written statement in the form of a Statutory Declaration (see reverse of this form) witnessed and signed by a Justice of the Peace.</p>
<input type="checkbox"/>	<p>I elect to be prosecuted for the offence shown on the Expiation notice.</p> <p>Please provide your own written statement outlining your reasons for electing to be prosecuted in the form of a Statutory Declaration (see reverse of this form) witnessed and signed by a Justice of the Peace.</p>

Your application will be assessed and you will receive written notification of the decision made. The notification will include a payment due date if applicable. The submission of this application does not mean that the expiation will be withdrawn.

Applicant's Signature

Signature:		Date:	
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STATUTORY DECLARATION State of South Australia – Oaths Act 1936

I, _____ ,
(Full name)

Of: _____ ,
(Address)

Occupation: _____ ,

Do solemnly and sincerely declare that:

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1936 .

Declared at _____

In the State of South Australia

This _____ day of _____ 20 _____

Signature of person making this declaration
(to be signed in front of an authorised witness)

Before me,

Signature of authorised Witness / Justice of the Peace

Name of Witness

Address of Witness

Occupation