# Melton City Council **NOMINATION STATEMENT - WASTE**

Complete the statutory declaration as relevant to your situation and submit it to Melton City Council.

See the attached list of persons authorised under the *Oaths and Affirmations Act 2018* to witness the signing of a statutory declaration.

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| Step 1. | DETAILS OF THE PERSON WHO RECEIVED THE INFRINGEMENT |
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| --- | --- | --- | --- | --- |
| Full name |  | Infringement number | |  |
| Corporation name (if applicable) |  | | | |
| ABN (if applicable) |  | Vehicle Registration | |  |
| Occupation/Job Title |  | | | |
| Residential address |  | | | |
| Suburb |  | Postcode |  | |
| Phone number |  | Email |  | |

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| Step 2. | | DECLARATION | |
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| I, the person named above, make the following statutory declaration under the Oaths and Affirmations Act 2018.  I did not deposit the waste and (select option): | | | |
|  | I saw another person deposit the waste. (Go to Step 3) | | |
|  | someone else was the driver or person authorised to use the vehicle at the time the waste was deposited. (Go to Step 3) | | |
|  | someone else was the passenger in or near the vehicle at the time the waste was deposited. (Go to Step 3) | | |
|  | I sold this vehicle to someone else or permanently disposed of the vehicle on this date      /     /     . (Go to Step 3) | | |
|  | I believe the vehicle or number plates displayed on the vehicle were stolen. Police Reference Number is      . (Go to Step 4) | | |
|  | the waste was deposited by a passenger of a commercial passenger vehicle (i.e. taxi, uber etc). (Go to Step 4) | | |
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| Step 3. | | | DETAILS OF NOMINATED PERSON |
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| --- | --- | --- | --- |
| Name |  | | |
| Residential address |  | | |
| Suburb |  | Postcode |  |
| Driver licence / permit number |  | | |



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| Step 4. | | | CONFIRM THE DETAILS PROVIDED ARE CORRECT AND SIGN TO COMPLETE NOMINATION STATEMENT | | | |
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| It is an offence under the Oaths and Affirmations Act 2018 (which may carry a fine in excess of $109,000 or imprisonment of 5 years or both) to make a statement in a statutory declaration that is untrue. I understand that I may be served with a summons to give evidence in relation to this statutory declaration. | | | | | | |
| **Person making the declaration (declarant)** | | | | | | |
| **I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.**  The following must be read aloud in the presence of the authorised witness before signing: | | | | | | |
|  | | | | | | |
| I, | (full name of declarant) | | | of | (address) |
|  | declare that the contents of this statutory declaration are true and correct. | | | | |
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| **Signature of declarant:** | | | | |  | |
| **Declared at:** (place in the state of Victoria) | | | | |  | |
| **On:** (date: DD/MM/YY) | | | | |  | |
|  | | | | | | |
| **Authorised Witness** | | | | | | |
| **I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration.**  (Select option if applicable) | | | | | | |
|  | | I certify that I have read the statutory declaration to the declarant at the time the statutory declaration was made, due to illiteracy, limited English literacy, vision or cognitive impairment. | | | | |
|  | | I certify that I assisted the declarant in making the statutory declaration by  (write details of assistance provided, for example, translating the document) | | | | |
| **Signature of authorised witness:** | | | | |  | |
| **Full name of authorised witness:** | | | | |  | |
| **On:** (date: DD/MM/YY) | | | | |  | |
| **Position/Title:** | | | | |  | |
| **Address:** | | | | |  | |
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| Step 5. | | | SEND NOMINATION TO MELTON CITY COUNCIL | | | |
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| Email a scanned copy to: infringements@melton.vic.gov.au  Or post to:  Compliance PO Box 21 Melton VIC 3337 | | | | | | |

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| AUTHORISED WITNESS |
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| The following is a list of persons who may witness statutory declarations under Section 30 of the Oaths and Affirmations Act 2018.  **For a complete list of authorised witnesses, refer to www.justice.vic.gov.au/statdecs** |

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| * A person currently licensed or registered to practice in Australia as one of the following occupations: * Architect * Chiropractor * Conveyancer * Dentist * Financial adviser or financial planner * Legal practitioner * Medical practitioner * Midwife * Migration agent * Nurse * Occupational therapist * Optometrist * Patent attorney * Pharmacist * Physiotherapist * Psychologist * Trademarks attorney * Veterinary surgeon * An accountant who meets at least one of the following criteria: * Fellow of the national Tax Accountants’ Association * Member of Chartered Accountants Australia and New Zealand * Member of the Association of Taxation and Management accountants * Member of CPA Australia * Member of the Institute of Public Accountants * Australian Consular Officer or Australian Diplomatic Officer * Bailiff * Clerk of a court * Commissioner for Affidavits * Judge * Justice of the Peace * Local government Council or * Magistrate | * Registered marriage celebrant * Master of a court * Member of the Australian Defence Force who meets at least one of the following criteria: * An officer * A non-commissioned officer with 5 or more years of continuous service * A warrant officer * Member of the Parliament of a State * Member of a Territory legislature * Member of a local government authority * Registered minister of religion * Notary public, including a notary public exercising functions at a place outside either the Commonwealth or the external Territories of the Commonwealth * Police officer * Police reservist * Protective service officer (PSO) * Registrar, or Deputy Registrar, of a court * A school principal * Sheriff * Sheriff’s officer * Teacher employed on a permanent full-time or part-time basis at a school tertiary education institution * Any authorised affidavit taker   **PLEASE NOT: where a statutory declaration is supplied to Melton City Council, a Melton City Council staff member is not permitted to witness the declaration.** |

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