



NSW Police Force
www.police.nsw.gov.au

**DRIVE OFF OR FAIL TO PAY INCIDENTS
WITHDRAWAL OF REQUEST FOR POLICE ASSISTANCE
ANNEXURE 1.3 (Page 1 of 1)**

Date of Drive Off (Fail to Pay) _____ / _____ / _____ (Insert dd/mm/yyyy)	
Time: _____ am/pm	
Police Report / Event Number : E _____	
Company Name: _____	
Address: _____	
Phone Number: _____	Fax Number: _____
PAYMENT DETAILS: Details of person paying:	
Last Name: _____	First Name: _____
Address: _____	
Phone Number: _____	
Amount \$ _____	Litres: _____
PAYMENT ACKNOWLEDGMENT :	
This is to advise that the amount of \$ _____ has been received in payment for the petrol for the Drive Off (FAIL TO PAY) incident.	
I am authorised to advise that no further action is required by Police in this matter.	
Last Name: _____	First Name: _____
Ph: _____	Date: ____ / ____ / ____
SIGNED _____	
FAX THIS FORM TO POLICE ASSISTANCE LINE (PAL) ASAP on (02) 4353 4948 and retain for your records.	