

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



**DRIVE OFF (Fail to Pay) DETAILS**

Date:

Time:

Police Report / Event Number: **E**

Business Name:

Address:

Phone Number:

**PAYMENT DETAILS: Details of person paying**

First Name:

Last Name:

Address:

Phone Number:

Amount Paid:

Litres:

**PAYMENT ACKNOWLEDGEMENT**

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.

First Name:

Last Name:

Phone Number:

Signature:

Date:

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**Please return this form to Police Assistance Line ASAP and retain for your records.**

**When completed save form and email to: [131444fuel@police.nsw.gov.au](mailto:131444fuel@police.nsw.gov.au)**