

New Zealand Police Speed Camera Photograph Request

Date of Request: _____

ICN: _____

Registration
Number: _____

Surname: _____

First Names: _____
(First) (Second) (Third if used)

Address: _____
(Number) (Street)

(Suburb)

(City)

(Province)

Signature: _____

**Print, complete and post to:
Police Infringement Bureau, P O Box 9147, Wellington.
or Fax to (04) 801 8848**