

# **REVIEW OF AN** ADMINISTRATIVE DECISION

## **APPLICATION**

An application for review must be lodged within 14 days of a reviewable decision. There are no application fees for a request for a review of a decision.

### **APPLICANT DETAILS**

Preferred Title: 🗆 Mr	□Mrs □Miss □M	s 🛛 🗆 Othe	er		
Surname:		First Name(s)	:		
Address of corresponder	ice:				
Email:					
Telephone:	Mobile:		(BH):		
Preferred method of con	tact: 🗆 Telephone	□Email	□Mail		
<b>Privacy:</b> Personal information s and any review or complaint ar	supplied in the course of an apprising from the application.	plication may be	used or disclosed in ord	ler to deal with the	application
ARE YOU MAKING THIS	S REQUEST ON BEHALF	OF AN ORG	ANISATION?	□YES	□no
Name of organisation/bu	usiness:				
Your position/office in th	e organisation:				
DETAILS OF DECISION					
I seek a review of the fol	lowing decision:				
□ Reject an application	for correction of an entr	y in the asses	ment record		
□ A regulatory order					
Refuse to suppress a	name and/or address fro	om publically a	available material		
I seek a review of the de	cision because:				

The City of Palmerston complies with the information Privacy Principles contained in the *Information Act* (NT). These principles protect the privacy of personal information collected and held by Council. Council's privacy statement is available from the City of Palmerston, Civic Plaza, 1 Chung Wah Terrace, or via our website on <u>www.palmerston.nt.gov.au</u>.



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#### FURTHER DETAILS OF REASON FOR REASON

If insufficent space please attach a seperate sheet of paper.

#### **DECLARATION**

I certify that the information supplied by me concerning this application is complete and true to the best of my knowledge.

Signature:

Date:

#### ASSISTANCE

If you need help to complete this application form please contact the Director Corporate Services, City of Palmerston, PO Box 1 Palmerston NT 0831, Phone: (08) 89359922, Facsimile: (08) 89359900 or palmerston@palmerston.nt.gov.au

#### **OFFICE USE ONLY**

Reference No:

Application Receipt Date:

Receiving Officer's Name: (please print)

Receiving Officer's Signature:

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