

REVIEW OF A DECISION

APPLICATION

An application for review must be lodged within 30 days of areviewable decision. There are no application fees for a request for a review of a decision.

APPLICANT DETAILS: Preferred Title: ☐Mr ☐Mrs ☐Miss \square Ms □Other Surname: First Name(s): Address of correspondence: Email: Telephone: Mobile: (BH): Preferred method of contact: ☐Telephone □Email □Mail Privacy: Personal information supplied in the course of an application may be used or disclosed in order to deal with the application and any review or complaint arising from the application. ARE YOU MAKING THIS REQUEST ON BEHALF OF AN ORGANISATION? **□YES** Name of Organisation/business: Your position/office in the Organisation: **DETAILS OF DECISION** I seek a review of the following decision: ☐ Reject an application for correction of an entry in the assessment record ☐A regulatory order ☐ Information to be released under the Information Act 2002 Application date: Decision date: I seek a review of the decision because:

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 City of Palmerston, Civic Plaza, 1 Chung Wah Terrace, or via our website on www.palmerston.nt.gov.au.



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FURTHER DETAILS OF REASON FOR REVIEW
If insufficient space, please attach a separate 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 Governance and Strategy Department, 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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