

REVIEW OF A 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 🗆 Ms 🔤 Other
Surname: First Name(s):
Address of correspondence:
Email:
Telephone: Mobile: (BH):
Preferred method of contact: Telephone DEmail 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?
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
\Box Refuse to suppress a name and/or address from publically available material
I seek a review of the decision 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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