

Application for an Independent Review of a Decision

In accordance with Section 270 of the *Local Government Act 1999*



Applicant details:			
Mr / Miss / Mrs / Ms / Dr / Other			
First Name:		Surname:	
Company or Group Name <i>(If applicable)</i>			
Postal Address:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email Address:			

Details of the decision you are requesting be reviewed

Please provide all relevant details, such as the date of the decision, the name of the staff member or department, and any previous contact with us about this. Remember to attach copies of any relevant documents. Attach additional pages if required.

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Application form - Independent Review of a decision

List your reasons for requesting the review:

Resolution sought

Please provide details of your expectations of Council about this review:

Please note all application details for an independent review of a decision may be released under the Freedom of Information laws.

Signature of Applicant:

Date:

Signature of Staff Member

Date:

Position:

Contact Number provided:

email application to: mitcham@mitchamcouncil.sa.gov.au