

APPLICATION FORM

INTERNAL REVIEW OF A COUNCIL DECISION



PortAugusta
CITY COUNCIL

Please complete this form in **BLOCK LETTERS** and return to: PORT AUGUSTA CITY COUNCIL
4 Mackay Street, PORT AUGUSTA SA 5700
Phone: (08) 8641 9100

Before completing this form, please read *Internal Review of a Council Decision Policy 1.1.05*, available on Council's website and at the Civic Centre, 4 Mackay Street, PORT AUGUSTA SA 5700.

Applications will only be processed if they are accompanied by the prescribed fee, as set by the Minister, and set out in Council's *Fees and Charges Register*. Payment can be made at the Civic Centre, 4 Mackay Street, PORT AUGUSTA SA 5700.

Part 1 – Contact Details

Name:

Phone:

Email:

Address:

Postal Address:

Part 2 – Section 270 Review of a Council Decision

Date of Council Decision:

Decision Maker: ☐ Council Officer ☐ Council Committee ☐ Elected Council

Council Decision:

Reasons for Requesting Review:

How does the decision impact your rights and/or interests?

I hereby confirm that the information provided is accurate to the best of my knowledge at the time of submitting this application. I acknowledge that any personal information submitted to the Port Augusta City Council will be dealt with in accordance with Council's *Privacy Policy 2.7.03*, the *Freedom of Information Act 1991* and the *Local Government Act 1999*.

Name: _____ Signature: _____ Date: _____

Office Use Only

\$20 Application fee paid: ☐ Yes ☐ No Receipt Number: _____ Cost code T99 – W1000.280.290

Signature:

Date: