

## Application for Review of a Decision (Local Law)

### IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to ensure compliance with *Local Government Act 2009*. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.



### Applicant Details

Applicant Name:			
Residential Address:			
Suburb:		Postcode:	
Postal Address:			
Suburb:		Postcode:	
Phone (h):		Phone (m):	



### Original Decision (attach or complete details)

File Ref:		Doc No.:	
Matter:			



### Grounds on which review of decision is sought (attach additional pages if required)

NB. Enough information must be provided to enable the local government to decide the application




### Customer Signature

Signature:	Name:	Date:	/	/
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### Office Use Only

Application fee	\$160.00	Date paid:	/	/
Receipt number:		Initials:		



### Review Decision

<input type="checkbox"/> Confirm the original decision	<input type="checkbox"/> Amend the original decision	<input type="checkbox"/> Substitute another decision for the original decision		
<input type="checkbox"/> Review Notice Issued D/W _____				
Signature:	Name:	Date:	/	/