



DISTRICT COUNCIL OF BARUNGA WEST

Application Form

INTERNAL REVIEW OF A COUNCIL DECISION

APPLICATION FORM

In accordance with Section 270(1) of the Local Government Act 1999

Applicant's Details

Applicant's name:

Applicant's address:

Email:

Telephone: Date of Application:

Application received by:

Application referred to:

Summary of decision to be reviewed:

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.....

List of attachments:

.....
.....
.....
.....

Assistance required:

Type: (e.g. interpreter).....

Council to arrange: Yes / No

Applicant to arrange: Yes / No

Signature of applicant: Date:

Name of staff member: (please print): Position:

Signature of staff member: Date: