



# **Application for Internal Review of Council Decision**

In accordance with Section 1270 of the Local Government Act 1999

**Applicant Details:**

Title        Mr / Mrs / Miss / Other \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please circle preferred means of contact        Daytime Phone / Mobile / Email

**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 Wudinna District Council about this. Remember to attach copies of any relevant documents. (Attach additional pages if required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the reasons for requesting the review

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution Sought – Please provide details of your expectations of Council about this review

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Application Received By \_\_\_\_\_ Date \_\_\_\_\_

Application Referred To \_\_\_\_\_ Date \_\_\_\_\_