# Form 1
# Internal Review of Council Decision Application



## 1. Applicants Details

**Applicant Name:**

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|---|
| |

| **Email Address:** | **Phone Number:** |
|---|---|
| | |

**Address**

| |
|---|
| |

| **Date of Application:** | **Preferred method of contact:** |
|---|---|
| | |

Pursuant to Section 270 of the *Local Government Act 1999*, an application for review must be accompanied by payment of a prescribed fee of **$20.00**, as set in the *Local Government (Application for Review Fee) Notice 2021*.

## 2. Decision to be reviewed

Please provide all relevant details, such as the date of the decision, the name of the staff member, Committee or Department, and any previous contact with Council about this matter. (Attach additional pages if required)

**Date of Decision:**

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| |

**Description of Decision:** (include minute number if applicable)

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|---|
| |

**Reasons for review request:**

**Resolution sought:**

**List of Attachments:** _____

_____

_____

_____

_____

_____

**Assistance required:**

**Type:** (eg. interpreter) _____

_____

Council to arrange: ☐ Applicant to arrange ☐

**Signature of Applicant:** _____

**Date:** _____

| **Mid Murray Council use only** | |
|---|---|
| **Received (date and time):** | **/** / at am / pm |
| **Received by:** | |
| **Name:** | |
| **Position Title:** | |
| **Receipt Number:** | |
| **Application referred to:** | |
| **Name:** | |
| **Position Title:** | |