

Request to Review a Decision Form Local Government Act 1999 (SA) s 270

A form to request a review a decision and request for services, to be completed and sent to City of Prospect via admin@prospect.sa.gov.au

Part 1 – Applicant details

This section requires information about the person requesting the review. If this form is being completed on someone else's behalf, please provide their information in this form, with your information as an alternative contact in the space below:

Applicant Details		
Given Name		
Surname		
Address		
Contact phone no.		
Email		
Alternative contact details	Name:	Phone Number:

Part 2 – The decision details

This section requires information about the decision sought to be reviewed (reviewable decision):

Reviewable decision details				
Decision Maker	Please tick the relevant box indicating the decision maker if known;			
	□ Council (Elected Body)			
	☐ Officer of Council (a member of staff)			
	□ Unknown			
Decision to review	Please provide details of the decision sought to be reviewed (reviewable decision), including how this decision has impacted you;			
Decision date	Please provide the date the decision sought to be reviewed (reviewable decision), was made:			
	☐ within six months			
	□ unknown			
	□ known date being/[Date/Month/Year]			



Request to Review a Decision Form Local Government Act 1999 (SA) s 270

Part 3 – Additional information

This section requires further information to assist the *Internal Review Contact Officer (IRCO)* when assessing this application:

Additional Information					
I am seeking the following resolution as a result of this review: Please give sufficient details with additional page attached if required. For example, you may wish for the reviewable decision to be reversed, altered or an alternative decision may					
be available.)					
Part 4 — Fee This application must be accompanied by the prescribed fee, however y whole or part). Please note, the paid fee does not guarantee the appl required to be made by the Council (Elected Body). Please tick the appl	ication's progression and any de				
I request the \$20 application fee be: ☐ Reduced ☐ Waived ☐ Refunded in whole ☐ Refunded by \$					
Part 5 – Additional information for the Applicant This section provides further information to the <i>Applicant</i> regarding what a review of a decision <i>may</i> achieve in accordance with					
legislation.					
Additional Information for the Applicant:					
In submitting this application, I understand that:					
An application for review must be made within 6 months of the making of the decision, however Council may decide to progress this application if the decision was made more than 6 months ago on the basis of the information provided in this application.					
An application for review must be accompanied by the \$20 fee, which does not guarantee progression, but can be requested to be reduced, waived or refunded (in whole or part) see Part 4 above.					
An application may be refused from proceeding on any one or more of the following;					
 The application is made by an employee of council and relates to an issue concerning employment; It appears the application is frivolous or vexatious; 					
 The applicant does not have sufficient interest; The Council or person is satisfied that the subject-matter has been or is already the subject of review 					
by the Council or an investigation, inquiry or review by another authority.					
A new decision may be made or the <i>reviewable decision</i> may be affirmed or altered.					
Further information is available on Council's website: How to lodge a complaint compliment or feedback					
Signature	Date				
Office use only Received (date and time) EDRMS Number:	Date	Time			
Acknowledged EDRMS Number:	Initial	Date			
Approved by CEO and IRCO assigned EDRMS Number:	Yes □ No □	Date			
Applicant natified. Ves - No - EDDMC Number.	In muiting Vaubally	D 1			