

# Application for internal review of a Council decision

**Civic Centre**  
165 Sir Donald Bradman Drive  
Hilton, SA 5033  
**Tel** (08) 8416 6333  
**Fax** (08) 8443 5709  
**Email** [csu@wtcc.sa.gov.au](mailto:csu@wtcc.sa.gov.au)  
**Website** [westtorrens.sa.gov.au](http://westtorrens.sa.gov.au)



*In accordance with Section 270 of the Local Government Act 1999.*

## 1. Applicant

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	Name:
Address:			
Telephone:		Email:	
Date of application:			

## 2. Assistance required by applicant

Type (eg. interpreter):			
Name of person assisting:		Telephone:	
Applicant to arrange:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Council to arrange: <input type="checkbox"/> Yes <input type="checkbox"/> No

## 3. Summary of decision to be reviewed

--

## 4. List of attached documents

--

Signature of applicant:	Date:
-------------------------	-------

## Office use only

Signature of staff member:	
Position:	Business unit:

*Please complete this form in conjunction with the Internal Review of Council Decisions Policy.*