

## Application for internal review of a Council decision

Civic Centre  
165 Sir Donald Bradman Drive  
Hilton, SA 5033  
Tel: 08 8416 6333  
Email: [info@wtcc.sa.gov.au](mailto:info@wtcc.sa.gov.au)  
SMS: 0429 205 943  
Web: [westtorrens.sa.gov.au](http://westtorrens.sa.gov.au)



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

### 1. Applicant

☐ Mr ☐ Mrs ☐ Ms

Name:

Address:

Telephone:

Email:

Date of application:

### 2. Assistance required by applicant

Type (eg. interpreter):

Name of person assisting:

Telephone:

Applicant to arrange: ☐ Yes ☐ No

Council to arrange: ☐ Yes ☐ No

### 3. Summary of decision to be reviewed

### 4. List of attached documents

Signature of applicant:

Date:

Note: A prescribed fee of \$20 is payable when this form is submitted.

### Office use only

Signature of staff member:

Position:

Business unit:

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