

## Application for Internal Review of a Council Decision

<b>1.</b>	<b>Details of Applicant</b>
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Date of Application:	
Applicant Name:	
Address:	
Contact Phone Number:	

<b>2.</b>	<b>Fees and Charges</b>
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*An application fee of \$20 (as prescribed by legislation) must be submitted with the application form.*

Is the application fee attached?      **Yes**      **No**

Application fee is in the form of      **Cash**      **Credit Card**

*Please do not post cash through the mail.*

If you wish to pay over the phone via credit card please phone Council on (08) 8862 0800.

**This application will not be valid until the application fee has been received.**

<b>3.</b>	<b>Details of Application:</b>
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I request a review of the following decision made by Council:	
The reason I am requesting a review of this decision is because:	

Applicant's Signature: .....      Date: ...../...../.....

Please email your application to [admin@wrc.sa.gov.au](mailto:admin@wrc.sa.gov.au) or via post to:  
Wakefield Regional Council, Attention CEO, PO Box 167, Balaklava SA 5461

**OFFICE USE ONLY:**

Application received: .../.../....

Payment received: .../.../....