



City of Port Lincoln

Template No 9-67-T1

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INTERNAL REVIEW OF A COUNCIL DECISION

Before completing this application form, please read Council's Policy 9.63.2 *Internal Review of Council Decisions*, available on Council's website www.portlincoln.sa.gov.au.

Pursuant to Section 270 of the *Local Government Act 1999*, applications will only be processed if they are accompanied by the prescribed fee, as set by the Minister, currently \$20.00 as Gazetted 16 September 2021

PART 1 – Contact Details
Name:
Phone:
Email:
Address:
Postal Address:

PART 2 – Section 270 Review of a Council Decision
Date of Council Decision:
Decision Maker: <input type="checkbox"/> Council Officer <input type="checkbox"/> Elected Council
Council Decision:
Reasons for requesting review and why you believe the decision is wrong (please attach additional pages if required):

I hereby confirm that the information provided is accurate to the best of my knowledge at the time of submitting this application.

Name: _____ Signature: _____ Date: _____

Office Use Only
\$20 Application fee paid (prescribed fee): <input type="checkbox"/> Yes <input type="checkbox"/> No Receipt Number: _____ GL: 1060381
Signature: _____ Date: _____