

Application for internal review

You may use this form if you have been refused access to information or correction of personal information, or if you want to review of a decision to charge a fee. The complete form must be lodged at Council Chambers, Todd Street, Alice Springs.

Your name and contact details:

Title: Ms / Mrs / Miss / Mr / Dr _____

Post Address: _____

First Name: _____

Family Name: _____

Phone: (B/H): _____ (A/H): _____

Email: _____ Fax: _____

Details of your initial Application

Date you made Application: _____

Reference number provided by the Council (if any): _____

Are you seeking review of (please tick)

Decision to refuse access

Decision to charge a fee

Decision about correction

No decision received within time

Name the person who made the decision:

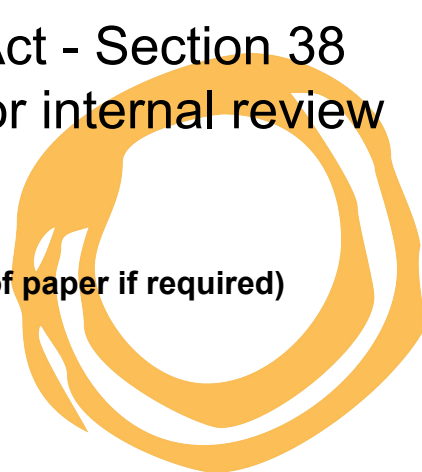
What was the date of the decision:

What date did you receive the notice of the decision:

To what address do you want correspondence regarding the review to be sent:

Please note: Your application may be refused if it is over 30 days since you were notified of the decision

Reason for seeking internal review: (attach a separate sheet of paper if required)



Reason continued on a separate sheet? (please tick)

Yes

No

Sign Here: _____

Date: _____

NOTES

Privacy

The *information act* requires you to supply your name and an address for for correspondence. Additional contact details will assist the organisation to deal with your Application. Some personal information may have to be disclosed to other people in order to deal with your Application for internal review. If you want to discuss privacy issues, you may contact the Information Officer within the organisation.

More information

For more information about access and correction rights under the *Information act* you may visit www.infocomm.nt.gov.au or contact the Office of the Information Commissioner - Ph 1800 005 610 or 8999 1500, Fax: 8981 3812, email: infocomm@nt.gov.au, Post: PO Box 3750, Darwin NT 0801

For help filling out this form, contact the Information Officer at the Alice Springs Town Council, Ph: 8950 0500, Fax: 8953 0558, Email: cturner@astc.nt.gov.au, Post: PO Box 1071, Alice Springs NT 0871