



# APPLICATION FOR A REVIEW OF A DECISION

## Under the *Information Act (NT) 2002*

An application for review must be lodged within 30 days of the notification of a decision on an application to access Council information or correct personal information. There are no application fees for a request for a review of a decision.

### APPLICANT DETAILS

Preferred title: Mr/Mrs/Miss/Ms/Other

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address for correspondence: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Contact numbers: A/H \_\_\_\_\_ Mobile: \_\_\_\_\_

B/H: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred method of contact:  Telephone  Facsimile  Email  Mail

**Privacy:** The *Information Act* requires you to supply your name and an address for correspondence. Additional contact details will assist the Katherine Town Council to deal with your application. Personal information supplied in the course of an application may be used or disclosed in order to deal with the application and any review or complaint arising from the application.

**ARE YOU MAKING THIS REQUEST ON BEHALF OF AN ORGANISATION?**  Yes  No

Name of organisation/business: \_\_\_\_\_

Your position/office in the organisation: \_\_\_\_\_

### DETAILS OF APPLICATION

In accordance with *The Act* I have previously submitted an application:

- Requesting access to Council information
- Requesting access to personal information
- Requesting correction of personal information

I am aggrieved by Council's decision and therefore seek a review of the decision because: *(please tick the appropriate box):*

- I have been refused access to all of the information.
- I have been refused access to part of the information.
- My request to correct personal information has been refused
- The correction to my personal information is different from the one specified in my initial application.
- Not all reasonable steps were taken to associate with my personal information my statement that the personal information held by Council is inaccurate, incomplete or out of date.
- I believe that I have been charged unfairly
- Other reasons why I think the decision should be reviewed (please specify below)

Further details of reasons for review (attach a separate sheet of paper if necessary)

### FEES AND CHARGES

There are no application fees for a request for a review of a decision.

### DECLARATION

I certify that the information supplied by me concerning this application is complete and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTES FOR THE REVIEW OF A DECISION FORM

### 1. Identification

You will be asked to show identification when lodging this application. If posting your application, please attach a photocopy of your driver's licence, passport, or other form of approved identification documentation. This is to ensure that the Council is satisfied as to your identity.

### 2. Where to lodge this application

This application can be lodged at the Civic Centre, Stuart Highway, Katherine or posted to:

Administration Manager  
Katherine Town Council  
PO Box 1071  
KATHERINE NT 0851

### 3. Processing your application

- The Council will respond to your request for a review of the previous decision within 30 days
- The Council will notify you of the outcome of the review in writing. This will include the reasons for the outcome and contain a statement setting out your rights of complaint under Part 7 of the Act.
- If aggrieved by the review decision, you may lodge a complaint with the Information Commissioner within 90 days (s.106 (3) (a) of The Act).

### 4. Further information about your application

- The Council can refuse to conduct a review if an application is lodged later than 30 days after notification of the previous decision, in which case, the Council is taken to have confirmed the previous decision.
- This review will not be conducted by the same officer who made the previous decision.

### 5. Decision on review

After conducting the review the Council may:

- Confirm or vary the previous decision in whole or in part; or
- Revoke the previous decision in whole or in part and substitute another decision that would have been available to the Council under Division 2 or Division 3 of The Act
- If you are not notified of the outcome of the review within 30 days of making this application, the Council is taken to have confirmed the previous decision.

### ASSISTANCE

If you need help to complete this application form please contact the Administration Manager, Katherine Town Council, PO Box 1071 Katherine NT 0851, Phone: (08) 8972 5500, Facsimile: (08) 8971 0305 or Email: [records@ktc.nt.gov.au](mailto:records@ktc.nt.gov.au).

Further information about the Information Act can be found at [www.ktc.nt.gov.au](http://www.ktc.nt.gov.au)

### OFFICE USE ONLY

Reference No. \_\_\_\_\_ Application Receipt Date \_\_\_\_\_

Satisfied as to Identity of Applicant: Yes / No (*please circle*)

Receiving Officer's Name: (*please print*) \_\_\_\_\_

Signature of Receiving Officer: \_\_\_\_\_