

## **Shire of Victoria Plains**

## APPLICATION FOR INTERNAL REVIEW

Freedom of Information Act 1992 s.39

The Internal Review Form must be lodged at the Shire of Victoria Plains within 30 days of Notice of Decisions. There are no fees associated with an Internal Review request.

| APPLICANTS DETAILS                     |             |                 |  |                  |
|--|-------------|-----------------|--|------------------|
| Family Name:                           |             |                 |  |                  |
| Given Names:                           |             |                 |  |                  |
| Australian Postal<br>Address           | No:         | o: Street Name: |  |                  |
|  | Suburb:     |                 |  | Postcode:        |
| Phone Numbers (Home):                  |             |                 | Work:  |                  |
| Mobile: Email:                         |             |                 |  |                  |
|  | If delivere | d in person, p  | roof of identity may be                                  | e required.      |
| Please provide furth                   | er informa  | ation of the d  | lecision/s you wish to                                   | o have reviewed. |
|  |             |                 |  |                  |
|  |             |                 |  |                  |
|  |             |                 |  |                  |
|  |             |                 |  |                  |
|  |             | 1               |  |                  |
| Applicants Signature and Date:         |             |                 |  |                  |
| Applications May be Lodged:            |             | By post to:     | The Chief Executive Officer, PO Box 21 CALINGIRI WA 6569 |                  |
|  |             | Delivered to:   | Shire Office, 28 Cavell Street, CALINGIRI WA 6569        |                  |
|  |             | Email:          | reception@victoriaplains.wa.gov.au (PDF/scan only)       |                  |
| OFFICE USE ONLY                        | ,           |                 |  |                  |
| If delivered in person, ID sighted by: |             |                 |  |                  |
| FOI File Number:                       |             |                 |  |                  |
| Date Received                          |             |                 |  |                  |
| Response Due Date                      |             |                 |  |                  |