

APPLICATION FOR A REVIEW OF A DECISION

Under the *Information Act (NT) 2002*

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 Statement: The *Information Act (NT) 2002 (the Act)* requires you to supply your name and an address for correspondence. Additional contact details will assist the City of Darwin to deal with your application. Personal information supplied in the course of an application may be used or disclosed in the consultation process to make an informed decision on the application and any review or complaint arising from the application.

ARE YOU MAKING THIS REQUEST ON BEHALF OF ANOTHER PERSON? Yes No

Name of other person: _____

In which capacity do you act on behalf of the other person : _____

Proof of capacity must be attached

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

Name of organisation/business: _____

Your position/office in the organisation: _____

Proof of position must be attached

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with my personal information my statement that the personal information held by Council is inaccurate, incomplete or out of date.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).

NOTES ABOUT 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 another 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 in Harry Chan Avenue, Darwin or posted to the Information Officer, City of Darwin, GPO Box 84 DARWIN, NT, 0801.

3. Processing your application

- The Council will respond in writing to your request within 30 days of receiving your application.
- Should it be necessary to view records you will be contacted regarding a suitable time and venue.
- If aggrieved by the decision, you may apply for an internal review to which the Council has 30 days to respond. If unsatisfied with the review outcome 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

- 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
- 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;
- 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; or
- 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 Information Officer, City of Darwin, GPO Box 84, Darwin NT 0801, Phone: (08) 8930 0300, Facsimile: (08) 8930 0311 or Email: darwin@darwin.nt.gov.au.

Further information about the *Information Act* can be found at www.darwin.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 and Title: (*please print*) _____

Signature of Receiving Officer: _____