Please print clearly in BLOCK LETTERS with a black pen. Ensure all fields have been filled out correctly. Please tick **☑** the appropriate boxes. Once your application is received a Council Officer will contact you if further information is required.

Please complete this form to apply for an internal review of an access application for government information under the Government Information (Public Access) Act 2009 (GIPA Act). If you need help in filling out this form, please contact the Right to Information Officer on 6499 2222 or visit our website www.begavalley.nsw.gov.au. This form must be lodged within 20 working days after the notice of decision was given to you.

Applicant details								
Applicant First name			Surname					
Postal address ⊠								
		Suburb				Postcode		
Conta	act	Phone			Mobile			
		Email						
I agre	e to receive corresponder	ice to the abov	e email addres	ss 🔲 N	lo	☐ Yes		
Decision details								
Decisi	ion to be reviewed							
Date of decision								
File reference								
I have enclosed the application fee of \$40								
Comments								
Applicant declaration								
I declare that to the best of my knowledge the information provided in this application is accurate and correct.								
Signature of owner(s) / proprietor(s)								
						Date	e /	/
'orm.dot	OFFICE USE ONLY					nable to be proc		
application :	bega val	ley council	Name ID		Date rec		. Starriou to 3t	
internal review application form.dot	REGISTRATION STAI		File reference		Activat	ed by		