

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



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APPLICATION FOR REVIEW OF A DECISION

APPLICANT'S DETAILS	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
APPLICANT'S REPRESENTATIVES DETAILS (IF ANY)	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
DECISION MAKER'S DETAILS	
Title of Department or Agency that made decision	
DETAILS OF THE DECISION	
Date decision made:	Date you received decision:
What is the decision <i>(briefly describe the decision and attach a copy)</i>	

Why the decision should be reviewed (It is important that you tell us your reasons for appealing and why you think the decision is wrong. Please use an attachment if there is insufficient space).

Application for extension of time to lodge the application for review - You must complete this section if your application is late. Normally only 28 days are allowed between the date of the decision and the date you lodge this application.

Explain in detail why your application is out of time and why an extension of time should be given to lodge the application (Please use an attachment if insufficient space).

Applicant's Signature		Date	
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