File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



APPLICATION FOR REVIEW OF A DECISION

APPLICANT'S DETAILS	S	
Name		
Address line 1		
Address line 2		
Telephone	Fax: Email:	
APPLICANT'S REPRESENTATIVES DETAILS (IF ANY)		
Name		
Address line 1		
Address line 2		
Telephone	Fax: Email:	
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 (briefly describe the decision and attach a copy)		
1		

Why the decision should be reviewed (It is important that you tell us your reasons for appealing and w	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 you received notice of the decision and the date you lodge this application. Why your application is out of time and why you want an extension of time (Please use an attachment if insufficient space).		
Applicant's Date Signature		