File Number

Telephone

Email:

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL

AUSTRALIAN CAPITAL TERRITORY
CIVIL & ADMINISTRATIVE TRIBUNAL

CIVIL DISPUTE APPLICATION

*s16 ACT Civil and Administrative Tribunal Act 2008

APPLICANT'S DETAILS Name Address line 1 Address line 2 Fax: **Telephone** Email: If a corporation: ACN/ABN Address of registered officer/public officer APPLICANT'S REPRESENTATIVES DETAILS (IF ANY) Name Address line 1 Address line 2 Fax: **Telephone** Email: **RESPONDENT'S DETAILS** Name Address line 1 Address line 2 If a corporation: **ACN/ABN** Address of registered officer/public officer

Fax:

Grounds of application (set out briefly the grounds of the application)			
	Grounds of application (set out briefly the grounds of the application)		

Provious attempts to re	esolve the dispute	
*The applicant and the respondent have attempted to resolve their dispute in the following way:		
*The area l'area (area la constant		
"The applicant and respo	ondent have made no prior attempts to resolve their disputes	
Remedy sought (Please	e describe here the details of any orders you are seeking and also the details of any	
amounts that you seek c	ompensation for as a result of the trespass).	
Amount	Reason claimed	
7.11104111		
	TOTAL AMOUNT OF APPLICATION	
Applicant's	Date	
signature		