

Appeals Form

Your Name: _____

Your Address: _____

_____ Phone No. _____

The decision I want to appeal

Please say what you requested and what you understand our decision to be

I have already asked for an informal review: yes / no (Please circle)

If yes, please tell us when this was and whom you dealt with

I want the following to be reconsidered

Please tell us about anything that we should be aware of, so we can review our decision based on all the facts.

You can attach copies of relevant letters or documents.

Please tick here if you would like us to arrange an interpreter? Language _____

Signed..... Date

Please write on the back of this form or attached extra pages if there is not enough room. Make sure you keep a copy of the form and any letters or documents.

**Deliver this form and attachments to the Manager, Active Property Services,
at 85 Cowper St Footscray 3011 or Post to PO Box 2122, Footscray 3011**