

## **Water Act 2000 - Form W2F025**

ABN 51 242 471 577

## Application for internal review of an original decision

## Part A Purpose of the form

Part B Applicant details

This form must be completed to apply for internal review of an original decision and needs to be supported by enough information to enable the reviewer to decide the application.

You have within 30 business days after the day the applicant is given the Information or Compliance Notice, or the day the notice of the decision is published to make this application.

The reviewer may extend the time for applying for an internal review. When making this application refer to Chapter 6 of the *Water Act 2000*.

• •	
Full name:	
If the applicant is a corporation, please supply the ACN:	
Street address:	
Mailing address (if same as street address write 'as above'):	
Main contact for this application	
The contact details provided will be used by the department for the purequired or authorised by legislation to disclose your information to other	rpose of communications under the <i>Water Act 2000</i> . The department may be ner third parties.
Full name:	
Mailing address:	
Preferred phone:	Alternative phone:
Email:	
	ed by section 862 of the <i>Water Act 2000</i> and will be used by the department

OFFICE USE ONLY

Application ref.

Client ref.

Initials

third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

Number of attachments

Registration

Part B Original decision for internal review (continued)
Grounds for review State the grounds for review.
Supporting information
The application must be supported by enough information to enable the reviewer to decide the application ( <i>Water Act 2000</i> section 862(2)(b)). Attach any applicable supporting documents including, for example, an 'information notice' or 'compliance notice'.
Evidence of compliance with <i>Water Act 2000</i> section 863(3) and (4)  If applicable, any other persons given an information notice must be given a copy of the submitter notice and other supporting documentation. Please attach evidence of when the documents were given to other persons.

## Part C Declaration All parties to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach. I/We declare that the information in this application and materials submitted in support is true and correct. Individual Name: Name: Signature: Signature: Position/Title: Position/Title: (if applicable) (if applicable) Date: Date: Corporation Executed for and on behalf of Organisation name: ACN: By (name): By (name): Position: Position: Signature: Signature: Date: Date: Witnessed by: Witnessed by:

Witness signature:

Date:

Witness signature:

Date: