



Health and Regulatory Services Section

Application Form

Environmental Protection Act 1994 Application for review of original decision

Privacy Notice: Mackay Regional Council is collecting this information in order to process your Application. Please be advised that Council under Legislation may be required to provide your details to a relevant State Department/Agency when requested or to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.

This document is the approved form that is to be used when a person is dissatisfied with an original decision made by the administering authority (Mackay Regional Council) under the Environmental Protection Act 1994 (EP Act) and is seeking a review of that decision under section 521 of that Act.

Checklist for making an application

You must complete this checklist before you continue with the application form.

Checklist questions		Guidance
Do you fit the definition of a dissatisfied person under section 520 of the EP Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, you cannot make this application as only a person who meets the dissatisfied person definition can apply for a review of an original decision.
Is this application being lodged within either: <ul style="list-style-type: none"> Ten business days after the day on which you received notice of the original decision; or A longer period, as specifically stated in the notice of the original decision? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, you cannot make this application.

Application details

1. Applicant details

Full name(s)	
Street address	
Postal address (If same as Street address write 'as above')	
Telephone: Home	Telephone: Work
Telephone: Mobile	Facsimile
E-mail Address	

2. Details of the original decision

<i>Original decision</i>
<i>Original Decision reference number</i>
<i>Date you received notice of the original decision</i>

3. State the reasons why you believe the decision is unreasonable or inappropriate.

If more space is required for any response please attach additional information as a separate page.

Declaration

Note: If you have not told the truth in this application you may be liable for prosecution under the relevant Acts or Regulations.

I declare that:

- I am applying for the review of the original decision made by the administering authority as detailed in this application.
- The information provided is true and correct to the best of my knowledge. I understand that it is an offence under section 480 of the Environmental Protection Act 1994 to give to the administering authority, or an authorised person, a document containing information that I know is false, misleading or incomplete in a material particular.
- I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

Applicant's Signature

Date

Please return your completed form to: The Chief Executive Officer
Mackay Regional Council
PO Box 41
MACKAY Q 4740
Telephone: 1300 MACKAY (1300 622 529)
Facsimile: (07) 4944 2400
E-mail: council@mackay.qld.gov.au
ABN: 56 240 712 069