



Application for review of decision

Application to the Chief Executive to review a decision notified to a person for section 47 or section 51 of the Act.

This application must be made within 20 business days after the decision is notified to the applicant.

- I have attached all available information to allow the Chief Executive to make a decision about this application.
- I have attached a letter outlining my reasons and grounds for the decision review.
- I have attached a copy of the original decision / seizure information notice which I am applying to be reviewed.

Applicant	Name..... Driver licence..... Address SuburbState <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postal address SuburbState <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PhoneMobile..... Email Preferred method of contact <input type="checkbox"/> post <input type="checkbox"/> phone <input type="checkbox"/> mobile <input type="checkbox"/> email
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Original decision information	Inspector's name Reference number Date of decision <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small style="margin-left: 100px;">D D / M M / Y Y Y Y</small>
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Preferred decision (What decision do you want considered during the review)

Applicant signature Date / /
D D / M M / Y Y Y Y

Lodgement details	<p>Please lodge this completed form along with any supporting documentation to: Residential Services Unit, Department of Housing and Public Works, GPO Box 690, Brisbane QLD 4001</p> <p>Notification of the review decision will be sent within 30 business days from receipt of this completed application form.</p>
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Office use only	
Receiving officer	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>D D / M M / Y Y Y Y</small>
Office	
Allocated review officer	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>D D / M M / Y Y Y Y</small>
Date applicant notified of review decision	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>D D / M M / Y Y Y Y</small>
Signature of review officer	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>D D / M M / Y Y Y Y</small>