

LOCAL GOVERNMENT ACT, 1999*Pursuant to s.270 of the Local Government Act, 1999***STATEMENT OF REPRESENTATION FOR REVIEW OF COUNCIL DECISION**

**To: Chief Executive
Alexandrina Council
PO Box 21
GOOLWA SA 5214**

Synergy Ref No:

Re: Decision

.....

.....

Council Meeting Date: Item Number:

Name of Person(s) making representation	
Postal Address	
Property Address	
Contact Details including phone and email	
Nature of Interest affected by Decision (eg adjoining resident, owner of land in the vicinity, or on behalf of an organisation or company)	
Reason for Review of Decision	
The issues raised by this review would be overcome by the following action	

(IF THERE IS INSUFFICIENT SPACE PLEASE ATTACH TYPEWRITTEN SHEETS)

Please indicate in the appropriate box whether or not you wish to be involved in mediation or preliminary discussions in respect to this submission.	I do NOT wish to be involved	<input type="checkbox"/>
	I desire to be involved personally	<input type="checkbox"/>
	I will be represented by (please specify)	<input type="checkbox"/>

Signed:

Date: