

**5.6 APPENDIX C – APPEAL AGAINST DECISION**

**(If you are not happy with the decision, you can appeal by completing this form)**

ASSESSMENT NUMBER	
RATEPAYER NAME/S	
CONTACT DETAILS	Phone: _____ Mob: _____ Email: _____
PROPERTY ADDRESS	
TOTAL DEBT AMOUNT	\$ _____

I / We hereby lodge our Right to Appeal against a decision made in accordance with Council’s adopted Hardship Policy.

Name of applicant/s \_\_\_\_\_

Preferred Contact Number \_\_\_\_\_

**Why I / we disagree (State grounds for appeal):** \_\_\_\_\_


Signature of Applicant/s \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Office use only:  
Appeal Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Insert Name: \_\_\_\_\_