# NOTICE OF INTENTION / ORDER – REPRESENTATION REQUEST



Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10) - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council by telephoning 4677 1100.

#### **About this Form**

Complete this form when seeking to make representations to appeal against, or modify the terms of, the proposed Order, or when requesting an extension of time to comply with the Order. This form should be completed by the recipient of the Notice, or the person entitled to act on their behalf.

#### How to Complete this Form

- 1 All fields on this form must be completed unless otherwise indicated.
- 2 Ensure a copy of any supporting documentation referred to in Section 5 is submitted with this form.
- 3 Once completed you can submit this form and associated documentation to Council. Please refer to Section 9 for lodgement details.
- 4 See top left corner of Council's Notice of Intention / Order for the "REFERENCE NO" number.

SECTION 1 IDENTIFICATION OF PROPERTY or BUILDING				
Address Number Street				
Suburb	Building Name (if applicable)			
Lot Number (if known)	DP/ SP (if known)			
☐ Residential ☐ Commercial ☐ Indu	ustrial			
☐ Other (give description)				
SECTION 2 DETAILS OF PERSON MAKING R				
First Name	Family Name			
Company Name (if applicable)				
Postal Address	Suburb			
Home Number	Mobile Number			
Business Number	Email Address			
SECTION 3 NATURE OF REQUEST				
Please tick appropriate box				
<ul> <li>□ Appeal against the issue of the proposed Order</li> <li>□ To vary the terms of the proposed Order as stated in the Notice of Intention</li> <li>□ To seek an extension of time to comply with the Order</li> </ul>				

Address: Wollondilly Shire Council, 62-64 Menangle Street, Picton NSW 2571

Fax: (02) 4677 2339

Email: council@wollondilly.nsw.gov.au

Postal: PO Box 21, Picton NSW 2571

Web: www.wollondilly.nsw.gov.au

ABN: 93 723 245 808

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## NOTICE OF INTENTION / ORDER - REPRESENTATION REQUEST

SECTION 4	EXPLAIN	THE REASONS FOR YOUR REQUEST			
Please explain below the reasons and justification for your representations:					
SECTION 5	LIST OF A	ATTACHMENTS (Submitted with this Form)			
Please identify be	elow docume	ents attached to this form to support your submission:			
OF OTION O	EVENO	ON DECLIERT A STATE OF THE STAT			
SECTION 6 EXTENSION REQUEST — Complete Sections 6 and 7 if requesting to modify time to complete work  For each numbered item on the Notice / Order identify the schedule of works and the proposed completion date. If some items are					
		e this under the description column.			
Item No. of	Order	Description of actions taken to complete work	Proposed Completion Date		

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Trim: 5883#817 Page | 2

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SECTION 7 RISK MANAGEMENT (Strategy for mitigation)	ating in any potential risks until work is complete)?			
I advise that a risk assessment has been undertaken and until all necessary works have been completed a management strategy has been implemented to mitigate the identified potential risks to people's health and safety				
Name	Signature			

SECTION 8 DECLARATION		
I declare that the information contained in this statement is, to the best of my knowledge and belief, true and accurate.		
Name (Please print clearly)	Company Name (if applicable)	
Signature Ø	Date	

## SECTION 9 LODGEMENT DETAILS

You can lodge this form by:

Mail: Chief Executive Officer

Wollondilly Shire Council

PO Box 21

PICTON NSW 2571

Fax: (02) 4677 2339

Email: <a href="mailto:council@wollondilly.nsw.gov.au">council@wollondilly.nsw.gov.au</a>

In Person: 62-64 Menangle Street Picton Monday – Friday 8:30am – 5:00pm

### SECTION 10 GENERAL ENQUIRIES

For general enquiries please contact Council on (02) 4677 1100 or by emailing <a href="mailto:council@wollondilly.nsw.gov.au">council@wollondilly.nsw.gov.au</a>

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