

ADDRESSING COUNCIL APPLICATION FORM

Associated with Code of Meeting Practice Policy (POL-101)

| ADDRESSING COUNCIL APPLICATION FORM | | | | | | | | |
|--|----------|--|----------|--------------|-------------|-----------------------|--|--|
| Council Meeting Dat | | | | Today's Date | | | | |
| Name of Applicant | | | | | | | | |
| Address | | | | | | | | |
| Telephone Number | | | | | Fax: | | | |
| Email | | | | | | | | |
| Name of Speaker | | | | | | | | |
| Organisation (if app | licable) | | | | | | | |
| CHOOSE FROM 1 or 2 BELOW | | | | | | | | |
| Address of a general nature (not a Business Paper Agenda Item) (PLEASE SPECIFY) | | | | | | | | |
| | | | | | | | | |
| 2. Business Paper Item to be addressed | | | | | | | | |
| Agenda Item No: | | | Subject: | | | | | |
| I am | for | | against | | the recomme | ndation of the report | | |
| ELIGIBILITY CRITERIA | | | | | | | | |
| Applicants must meet one of the following Eligibility Criteria and have read the Addressing Council and Committee meetings procedure prior to completing this form (PLEASE TICK THE APPROPRIATE BOX) | | | | | | | | |
| A resident of owner of land within the Murray River Council local government area; | | | | | | | | |
| A person or entity entitled to vote in the Murray River Council local government area under the <u>Local Government Act 1993</u> , or where that voter is not a natural person, the nominee of the entity with its written authority | | | | | | | | |
| The nominee of an entity owning land, conducting a business or providing a service in the Murray River Council local government area. | | | | | | | | |
| A duly appointed person including the legal, financial or town planning representative of any person or entity listed above with a matter before Council, | | | | | | | | |
| Any person or nominee of an organisation invited to speak by a Councillor and approved by the General Manager where that person has demonstrated expertise on an issue being considered by Council at that meeting, | | | | | | | | |
| A representative of a State or Federal Government agency with a matter before Council | | | | | | | | |
| In submitting this application, I understand and agree to abide by the conditions of the Addressing Council Procedure of Murray River Council. | | | | | | | | |

Adopted: November 2022

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This form can be lodged -

- 1 Via email to admin@murrayriver.nsw.gov.au
- 2 Faxed to 03 58843417
- 3 Posted to Murray River Council, PO Box 906 MOAMA NSW 2731
- 4 In person at Moama Council Office 52 Perricoota Road MOAMA NSW 2731

If you are not lodging your application via email, you will need to sign the form (below) before faxing it.. If posting, you need to allow sufficient time for your application to be received by Council, before the close off time of 12 noon two (2) working day prior to the Council meeting.

| Signature of Applicant | |
|------------------------|--|
| | Electronic signature required when emailing document |

<u>Privacy Notification</u> (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 <u>Privacy and Personal Information Protection Act 1998</u> ('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. 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 Act. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council by telephoning 1300 087 004.

OFFICE USE ONLY

| Determination by CEO | Yes | | No | | | |
|----------------------|--------|--|----------|------|-------|--|
| Signature | | | Date: | | | |
| | | | | | | |
| Applicant Advised by | Phone: | | Fax | | Email | |
| Signature | | | Date and | Γime | | |