

Request to Address Local Planning Panel Application Form

Civic Centre, Elizabeth St. Moss Vale, NSW 2577. PO Box 141, Moss Vale.

t. (02) 4868 0888 e. council.reports@wsc.nsw.gov.au



DataWorks Reference No:
100/14

NOTE: Signed forms are to be submitted no later than 4.30pm two business days before the meeting is to be held. This will generally be on the Monday in the week of the Panel meeting.

APPLICANT DETAILS

Planning Panel meeting date:				
Agenda item number and topic:				
Name of applicant: <small>As will appear on all correspondence</small>				
Title:	Mr	Mrs	Ms	Other:
Organisation name: <small>If applicable</small>				
Postal address:				
Mobile phone:			Alternate phone:	
Email:				
I am generally:	<input type="checkbox"/> FOR (in support of) the Recommendation or Motion in the report.			
	<input type="checkbox"/> AGAINST (opposed to) the Recommendation or Motion in the report.			
Which best describes your interest	Applicant (or representative) <input type="checkbox"/>	Affected neighbour <input type="checkbox"/>	Interested citizen/resident <input type="checkbox"/>	Other:
I have written, visual or audio material to be presented	NO <input type="checkbox"/>	YES <input type="checkbox"/> <small>Material must be attached</small>	Equipment needs: <small>If applicable</small>	

Declaration:

I declare that the above information is true and correct. I acknowledge that Council is legally required to live stream this meeting and that this constitutes a form of publication. I acknowledge that any defamatory comments or imputations I make could give rise to civil liabilities and I undertake not to make such comments or imputations. I agree to indemnify Council in respect of any defamatory statements or imputations made by me should I be granted permission to speak. I consent to my image and address being broadcast as part of the Panel meeting, with the broadcast stored and made available to the public for later viewing. I acknowledge Council's Privacy Notification below.

Applicant's signature:

Signature:				Print Name:			
Dated:		/		/		/	

How to submit this form:

You may submit either:

In person, to the Civic Centre, 68 Elizabeth Street Moss Vale 2577

By email, to council.reports@wsc.nsw.gov.au and

Request to Address Advisory Planning Assessment Panel Application Form



DataWorks Reference No:
100/14

Civic Centre, Elizabeth St. Moss Vale, NSW 2577. PO Box 141, Moss Vale.
t. (02) 4868 0888 e. council.reports@wsc.nsw.gov.au

NOTE:

1. All parts of this application form must be completed and the form must be signed in order to be accepted (this can be an electronic signature).
2. Approved speakers are allowed a maximum of three minutes to address the Panel.
3. Extensions of time will be permitted at the discretion of the Panel Chair.
4. Approved speakers cannot ask questions of the Panel members or Council staff.
5. Following each speaker, the Panel Members may ask questions to seek clarification.

PRIVACY NOTIFICATION

The personal information that Council is collecting from you is personal information for the purposes of the *Privacy and Personal Information Protection Act 1998* (PPIPA).

Council is collecting this personal information from you in order to decide your application to speak at a Panel meeting.

The intended recipients of the personal information are Council officers and any other person granted lawful access in accordance with relevant legislation.

The supply of information by you is not voluntary and if you cannot provide, or do not wish to provide, the information sought, Council will be unable to process your application.

You may make application for access or amendment to personal 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 PPIPA.

Council is to be regarded as the agency that holds the information.

Enquiries concerning this can be addressed to Council's Group Manager Corporate and Community by phoning (02) 4868 0888 or emailing governance@wsc.nsw.gov.au.

OFFICE USE ONLY:

Approved: Refused:

GM
signature:

Dated:

Reasons for
refusal (of
applicant or
material)

If applicable, applicant
to be advised of
outcome

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