

## APPEAL REQUEST FORM

Last Name:		First Name:		Title:	
Address:					
Phone:		Mobile:			
Email:					

**1. The decision you would like to appeal**

**A.** Please explain in as much detail as possible what you would like to appeal

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**B.** Have you asked Access Community Housing staff for an informal review of that decision?

Yes  No

If Yes, Please tell us when this was and who was involved:

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**2. Is there anything else we should know about which may help resolve this matter?**

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**Privacy Notification and Consent:**

Access Community Housing Company collects your personal information in accordance with our Privacy Policy, which is available upon request.

We collect your personal information in order to administer your tenancy. We may share your personal information with contractors or any such organisations as may be necessary to carry out this function. Failure to provide this information may affect Access Community Housing Company's ability to properly administer your tenancy.

You may access, change or update your personal information we hold about you, subject to the privacy act 1988 (Cth), by contacting Access Community Housing.

Having Read and understood the above information, I consent to my personal information being used as indicated above:

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Signed

Dated