



APPLICATION TO CORRECT PERSONAL INFORMATION

Under the *Information Act (NT) 2002*

There are no application fees for a request to correct personal information.

APPLICANT DETAILS

Preferred title: Mr/Mrs/Miss/Ms/Other

Surname: _____ First Name(s): _____

Address for correspondence: _____

Email Address: _____

Contact numbers: A/H _____ Mobile: _____

B/H: _____ Fax: _____

Preferred method of contact: Telephone Facsimile Email Mail

Privacy: The *Information Act* requires you to supply your name and an address for correspondence. Additional contact details will assist Katherine Town Council in dealing with your application. Personal information supplied in the course of an application may be used or disclosed in order to deal with the application and any review or complaint arising from the application.

INFORMATION TO BE CORRECTED Please provide sufficient details about the information that you are requesting be corrected so that the Council will be able to identify the information eg dates, location, subject matter. If insufficient space, please attach a separate sheet of paper.

REASON FOR APPLICATION TO CORRECT PERSONAL INFORMATION Please provide reasons for your application eg my personal information held by the Council is inaccurate, incomplete or out of date. If insufficient space please attach a separate sheet of paper

SPECIFY THE CORRECTION YOU WANT TO MAKE TO YOUR PERSONAL INFORMATION

If insufficient space please attach a separate sheet of paper

FEES AND CHARGES

There are no fees and charges in relation to an application to correct personal information.

DECLARATION

I certify that the information supplied by me concerning this application is complete and true to the best of my knowledge.

Signature: _____ Date: _____

NOTES FOR THE CORRECTION TO PERSONAL INFORMATION FORM

1. Identification

You will be asked to show identification when lodging this application. If posting your application, please attach a photocopy of your drivers licence, passport, or other form of approved identification documentation. This is to ensure that the Council is satisfied as to your identity.

2. Where to lodge this application

This application can be lodged at the Civic Centre, Stuart Highway, Katherine or posted to:
Administration Manager
Katherine Town Council
PO Box 1071
KATHERINE NT 0851

3. Response to your application

- The Council will respond in writing to your application within 30 days of receiving it.
- If aggrieved by the decision, you may apply for an internal review to which the Council has 30 days to respond. If unsatisfied with the review outcome you may lodge a complaint with the Information Commissioner within 90 days (s.106 (3) (a) of the Act).

4. Decisions in relation to a request to correct personal information

The response to this application could inform you that the Council will:

- correct the information
- correct the information but the correction is different from the one specified in your application*
- refuse to correct the information*
- require more time to make a decision
- transfer the application
(Refer to sections 34-37 of The Act)

** If in your opinion the information as corrected (or not corrected) is inaccurate, incomplete or out of date, you are entitled to request that a statement to that effect be associated with the information. The Council is not required to correct personal information that is inaccurate due to historical reasons.*

ASSISTANCE

If you need help to complete this application form please contact the Administration Manager, Katherine Town Council, PO Box 1071 Katherine NT 0871, Phone: (08) 8972 5500, Facsimile: (08) 8971 0305 or Email: records@ktc.nt.gov.au.

Further information about the Information Act can be found at www.ktc.nt.gov.au

OFFICE USE ONLY

Reference No. _____ Application Receipt Date _____

Satisfied as to Identity of Applicant: Yes / No (please circle)

Receiving Officer's Name: (please print) _____

Signature of Receiving Officer: _____