



Application for Review of Decision - Section 149 Residential Tenancies Act

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a tenant to request a review of a decision made by the Department of Family and Community Services (FACS) to issue a Notice of Intent to Issue a Notice of Termination under section 149 of the *Residential Tenancies Act*. You must return this form to FACS within 14 days from the date you received the Notice of Intent. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a . If you need more room to answer any question, please include details on a separate page and attach it to this form.

Tenant details

Title	<input type="text"/>	
Mr, Mrs, Ms, Miss		
Last name or family name	<input type="text"/>	
Given name (s)	<input type="text"/>	
Unit/House number	<input type="text"/>	
Street	<input type="text"/>	
Town/suburb	Postcode	<input type="text"/>
Phone	Mobile	<input type="text"/>
Email	<input type="text"/>	

Information required before an interview is scheduled

Do you require an interpreter? Yes No

Language

Would you like another person to act as a representative on your behalf, or someone else to know the details of your review (for example, a support worker)? Yes No

Give details below

Name of advocate	<input type="text"/>	
Relationship/agency	<input type="text"/>	
Phone	Mobile	<input type="text"/>
Email	<input type="text"/>	

