



**ACT**  
Government

**Asbestos Response  
Taskforce**

## Loose Fill Asbestos Insulation Eradication Scheme

### Review Request - Asbestos Response Taskforce Decision Eligible Impacted Property Relocation Assistance Grant / Temporary Relocation Assistance Grant

This form may be completed by applicants seeking a review of a decision by the Taskforce made under *The Loose Fill Asbestos Insulation Eradication Scheme Guidelines: Eligible Impacted Property Relocation Assistance Grant or Guidelines: Temporary Relocation Assistance Grant*.

If this is a first level review and applicants are not satisfied with outcome, another request form can be lodged with the Asbestos Response Taskforce for a second level review. Applicants should address any reasons outlined by the Taskforce for non-approval in the first review in their second review request.

Following a second level review, applicants can contact the ACT Ombudsman Office on 1300 362 072 or at [ombudsman@ombudsman.gov.au](mailto:ombudsman@ombudsman.gov.au) if they have concerns about the process and outcome.

Applicant to complete	
<b>Part A – Applicant personal details</b>	
Name/s:	
Eligible Impacted Property / Inconvenienced Property Address:	
Current postal address if different to above:	
Telephone:	
Email:	
Preferred means of contact: <i>Please mark as appropriate</i>	<input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post
I am/We are the: <i>Please mark as appropriate</i>	<input type="checkbox"/> Owner/Occupier <input type="checkbox"/> Tenant/s <input type="checkbox"/> Other (please specify below)
Other :	

**Part B – Applicant’s reason/s for review request**

*Please include as much detail as you can below and attach any relevant documents as required.*

**Part C - Signing**

I/we declare that the information contained in this application is true and correct.  
I/we have read the *The Loose Fill Asbestos Insulation Eradication Scheme – Guidelines: Eligible Impacted Property Relocation Assistance Grant- or Guidelines: Temporary Relocation Assistance Grant as appropriate* and understand the application will be assessed in accordance with it.

Name:	Name:
Signature:	Signature:
Date:	Date:

**Taskforce to complete**

**Part D - Previous grant assistance provided to client if applicable**

Client case number:	#	
Has Eligible Impacted Relocation Assistance Grant /Temporary Relocation Assistance Grant been provided previously:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
	If Yes Total Provided: \$	
	Date provided:        /        /	

**Part E - Detail of Applicant Submission**

Is this a first or second level taskforce review?	<input type="checkbox"/> First <input type="checkbox"/> Second
Has client requested a sum of assistance in their review?	<input type="checkbox"/> Yes    Requested total: \$
	<input type="checkbox"/> No
Is the request approved?	<input type="checkbox"/> Approved in full as requested Total: \$
	<input type="checkbox"/> Partial approval Total: \$
	<input type="checkbox"/> Not approved

**Part F – Taskforce Officer Reasons for approval/rejection**

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Taskforce Reviewing Officer Name and Position:	
Signature:	
Date:	/ /