

CASE DETAILS

Case Number:	
Site Address:	
Presiding Member/s:	
Date of Hearing:	
Location of Hearing (GSN/Zoom):	
List (Appeal/Dispute/Modification/Compliance Assessment):	

YOUR DETAILS

Name of Party (or Party's representative if applicable):	
Name of Party applying on behalf (if Party's representative is applying):	
Organisation (if applicable):	
Contact Number:	
Email Address:	

GENERAL INFORMATION

Mediations are not recorded.

Each request will be considered and decided by the Chairperson of the panel or Chairperson of the Board.

Once completed and signed please send this form to registry@buildingappeals.vic.gov.au. Please allow up to two weeks for your request to be processed.

Signed undertaking

Upon receipt of the audio recording, I and (if applicable) the party to the proceeding I act on behalf, undertake to the Board that I and (if applicable) the party I am acting on behalf will not copy, distribute or publish, or cause the copying, distribution or publication of the recording (or any part of the recording) in any way without prior approval of the Chairperson of the Building Appeals Board.

Signature:	Date:
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