COURT OF DISPUTED RETURNS HELD AT:

INVALIDITY COMPLAINT LOCAL GOVERNMENT ACT 1995 SECTION 4.80 FORM 53C

Case number:
Date lodged:
Service type:

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Complainant ;										
Name:										
Address:										
Postcode:										
COMPLAINT (Cive full details)										
COMPLAINT (Give full details)										
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ORDER RE	QUIKED (GI	ve full deta	IIS)							
							Court Seal			
Signature of ap	oplicant or					Date				
lawyer										
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TAKE NOTICE that this complaint has been set down for hearing in the							\$			
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on	day the	day o	f	20		awyer's co				
	-	•					amount of claim \$			
	am/pm.									
Tick [✔] appro	opriate box									
Lodged by										
	☐ Complainant or Complaints Lawyer									
Address for										
service										
Contact	t Telephone: Lawyer's ref: Fax:						E mail:			
details	- 37		, ,							

Case Noof 20 **FEES PAID** LODGEMENT OF CLAIM LODGEMENT OF COUNTER/THIRD PARTY CLAIM \$...... Date/20 \$...... Pate/20 \$...... Date/20 **APPLICATIONS** \$...... Date/20 **ASSESSMENT OF COSTS OTHER**