

# Record of Liaison Officer's Objection and voter's request for review

Voter card number	Ward	Polling Place
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 1 Objection to voter's eligibility

I believe that the voter whose details appear below is not a Torres Strait Islander or an Aboriginal person.

Liaison Officer name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### Voter's details

Surname	Given name(s)
<input type="text"/>	<input type="text"/>
Address <input type="text"/>	
<input type="text"/>	State <input type="text"/> Postcode <input type="text"/>

## Section 2 Voter's appeal and request for review by Regional Panel

I appeal against the Liaison Officer's Objection and indicate, by my signature below, that I seek a review of the Liaison Officer's Objection by the Regional Panel. I understand that I may, within 7 days, provide further information to the Senior Liaison Officer to support my claim to be a Torres Strait Islander or an Aboriginal person.

Voter's name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Section 3** Regional Panel review activities

Date	Details of activities and investigations
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**Section 4** Regional Panel Determination

The Regional Panel has determined that, on the balance of probability, this person:

- is a Torres Strait Islander or an Aboriginal person
- is not a Torres Strait Islander or an Aboriginal person

Regional Panel member name □□□□□□□□	Signature □□□□□□□□	Date □□ / □□ / □□
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**NOTE:** Copies of all correspondence received and sent must be attached to this report.

**Office Use Only** Date notification sent to voter  
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