

# Torres Strait Regional Authority Election

## 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	State	Postcode
<input type="text"/>	<input type="text"/>	<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 Regional Panel 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

I have 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

Representative of the Regional Panel name	Signature	Date
□□□□□□□□□□	□□□□□□□□□□	□□/□□/□□

**NOTE: Copies of all correspondence received and sent must be attached to this report**