

Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 9 July 2024.
Panel Reference	PPSNTH-282 – NARRABRI – DA2024/0067 306 THERRIBRI ROAD BOGGABRI 2382
Chair	Dianne Leeson

In relation to this matter, I declare that I have:

no known conflict of interest ☒ OR

an actual¹ ☐, potential² ☐ or reasonably perceived³ ☐ conflict of interest, as detailed below:



Dianne Leeson

25 July 2024

Signature

Name

Date

Should a conflict be declared the panel chair is to ensure appropriate management measures are in place, as determined by the chair, and countersign this form, noting any additional measures.

Chair Signature

Name

Date

Please return this form to the Planning Panels Secretariat at enquiry@planningpanels.nsw.gov.au

¹ An 'actual' conflict of interests is where there is a direct conflict between a member's duties and responsibilities and their private interests or other duties.

² A 'potential' conflict of interests is where a panel member has a private interest or other duty that could conflict with their duties as a panel member in the future.

³ A 'reasonably perceived' conflict of interests is where a person could reasonably perceive that a panel member's private interests or other duties are likely to improperly influence the performance of their duties as a panel member, whether or not this is in fact the case.

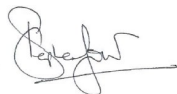
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Stephen Gow

24 July 2024

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Signature

Name

Date

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Chair Signature

Name

Date

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no known conflict of interest ☒ OR

an actual¹ ☐, potential² ☐ or reasonably perceived³ ☐ conflict of interest, as detailed below:



Michael Wright

24 July 2024

Signature

Name

Date

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Chair Signature

Name

Date

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Chair	Dianne Leeson

In relation to this matter, I declare that I have:

no known conflict of interest ☒ OR

an actual¹ ☐, potential² ☐ or reasonably perceived³ ☐ conflict of interest, as detailed below:



Catherine Redding

28 July 2024

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.....

Signature

Name

Date

Should a conflict be declared the panel chair is to ensure appropriate management measures are in place, as determined by the chair, and countersign this form, noting any additional measures.

.....

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.....

Chair Signature

Name

Date

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