

FREEDOM OF INFORMATION ACT 1992

APPLICATION FOR ACCESS TO DOCUMENTS (Pursuant to Section 12 of the Act)

Details of Applicant				
Surname: Given Names:				
Australian Postal Address				
	State	Post co	ode	
Telephone numbers: (H)	(W)	(M) _		
Email:				
If the application is on behalf of a	an organisation:			
Name of Organisation:				
Details of Request: (please tick)	Person	al ()	Non- perse	onal ()
I wish to apply for access to the following documents: (Please describe documents specifically, and provide a date range if possible. Attach an additional sheet if necessary)				
Form in which access is requested	ed (please tick app	ropriate box))	
I require a copy of the documents () I require access in another form ()				
(specify)				
Fees and Charges: Attached is understand that before I obtain charges in respect of this applica appropriate. In relation to these papply if you are financially disa Note: This discount does not appropriate.	access to docume ation and that I will processing charges advantaged or the	ents I may be be supplied on s, in certain of holder of a	e required to with a statem cases a reduce pensioner co	pay processing ent of charges if tion in fees may
I am requesting a reduction in pr	ocessing charges `	res () No ()	
Applicants Signature:		Date		