



FREEDOM OF INFORMATION ACCESS REQUEST

Freedom of Information Act 1982

APPLICANT DETAILS

Name: _____

Address: _____

Suburb: _____

Phone No.: _____ Mobile: _____

REQUEST DETAILS

FORMS OF ACCESS

I request access to the documents Yes No

I request copies of the documents Yes No

I understand that charges may be made in respect of this request and that I will be supplied with a statement of charges if appropriate.

I understand that an **application fee of \$24.40** is payable in accordance with Section 17 (2A) of the *Freedom of Information Act 1982* (unless an exemption is requested).

Signature: _____

Date: _____



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PAYMENT DETAILS

The Freedom of Information application fee is currently \$24.40. Payment is accepted via credit card, cheque or money order. In accordance with Section 17(2B) of the *Freedom of Information Act 1982*, you may request that the application fee is reduced or waived. If you seek for the application fee to be reduced/waived please include evidence of financial hardship as listed below.

I enclose a cheque / money order for \$24.40 (made payable to City of Port Phillip)

or

Please debit \$24.40 from my credit card

Visa Mastercard American Express

Card No. _____ Expiry _____

Cardholder: _____ Signature: _____

or

I hold a valid DVA Gold Card, Senior Health Care Card, Health Care Card or Pension Concession Card (or other similar card that gives evidence of financial hardship) and request that the application fee be reduced/waived due to financial hardship in accordance with Section 17(2B) of the *Freedom of Information Act 1982*. Please attach a photocopy of the relevant card.