Freedom of Information
Application for access to documents

FULL NAME OF APPLICANT:
Title:  Mr  Mrs  Miss  Ms  Other

Family name

Given name/s

Address

Suburb/town  State/Territory  Postcode

Postal Address (if different)

Suburb/town  State/Territory  Postcode

Telephone or mobile number you wish to be contacted on

Email

APPLICATION DETAILS
Please provide a detailed description of the documents you want to enable the FOI Coordinator to identify the documents.

Access requested (tick one box)  Photocopies  Inspection

...
APPLICATION FEE

$30.00 Application fee attached  □  Request to remit application fee and/or charges  □

Signature of applicant

Date

PRIVACY STATEMENT:
The information you provide on this form will only be used for the purpose of providing you with access or partial access to the documents you have requested. It will not be disclosed without your consent unless the ARC requires legal opinion through a legal firm or by statutory obligations and then only in the context you have provided it.