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			

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.