

## Application for Access to Documents

(Freedom of Information Act 1992, S.12)

## **APPLICANT DETAILS**

| Name of Applicant:                                                             |                                                         | _      |  |
|--------------------------------------------------------------------------------|---------------------------------------------------------|--------|--|
| Telephone Number:                                                              |                                                         | _      |  |
| Postal Address:                                                                | Postcode:                                               |        |  |
| Email Address:                                                                 |                                                         | _      |  |
| If application is on behalf of an organisation  Name of Organisation/Business: |                                                         |        |  |
| DETAILS OF REQUEST                                                             |                                                         |        |  |
| I am applying for access to document(s) concern                                | ning:                                                   | _      |  |
| Please indicate: Personal Documen                                              | nts Non-Personal Documents                              | _      |  |
| Describe clearly the documents you are reque                                   | esting access to (include subject matter, time period o | r date |  |
| range, or any other information that would help in                             | dentify the requested documents). Please specify ty     | pe of  |  |
| documents rather than entire files. Including y                                | your reason for access (although not a requirement)     | ) may  |  |
| assist in the accurate capture of documents.                                   |                                                         |        |  |
|                                                                                |                                                         | _      |  |
|                                                                                |                                                         | _      |  |
|                                                                                |                                                         | _      |  |
|                                                                                |                                                         | _      |  |
|                                                                                |                                                         | _      |  |
|                                                                                |                                                         |        |  |
| FORMS OF ACCESS                                                                |                                                         |        |  |
| I wish to inspect the document(s)                                              | Yes No                                                  |        |  |
| I require a copy of the document(s)                                            | Yes No                                                  |        |  |
| I require access in another form (please specify)                              | Yes No                                                  |        |  |

## **FEES AND CHARGES**

Attached is a cheque/cash to the amount of \$30.00 to cover the application fee (non-personal information ONLY). I understand that before I obtain access to documents I may be required to pay additional processing charges in respect to this application and that I will be supplied with a statement of charges if appropriate.

| Applicant's signature:  |                                                                                                            |                          | Date:                                                                     |  |  |
|-------------------------|------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------|--|--|
| Lodge your application: | By Post, addresse<br>Director Corpora<br>Community Serv<br>Shire of Ravenst<br>PO Box 43<br>Ravensthorpe W | ate &<br>vices<br>thorpe | In person at: Shire of Ravensthorpe 65 Morgan Street Ravensthorpe WA 6346 |  |  |
| OFFICE USE ONLY         |                                                                                                            |                          |                                                                           |  |  |
| F.O.I REF:              |                                                                                                            | RECEIVED ON:             |                                                                           |  |  |
| DEADLINE FOR RESPONSE:  |                                                                                                            | ACKNOWLE                 | ACKNOWLEDGEMENT SENT ON:                                                  |  |  |
| PROOF OF IDENTITY TYPE  | (if applicable):                                                                                           |                          |                                                                           |  |  |
| SIGHTED BY:             |                                                                                                            |                          |                                                                           |  |  |