

Freedom of Information Application Form

All correspondence to:

Chief Executive Officer, PO Box 99, Woodanilling WA 6316

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Office Hours: Monday to Friday 9.00am to 4.30pm

FREEDOM OF INFORMATION APPLICATION FORM APPLICATION FOR ACCESS TO DOCUMENTS

Freedom of Information Act 1992

Please refer to the Shire's Information Statement (published in accordance with the *Freedom of Information Act 1992*) before completing this form

DETAILS OF APPLICANT		
Surname:	Given Names:	
Postal Address:		
Phone:	Email:	
Organisation Name (if application is	s on behalf of an organisation:	
DETAILS OF REQUEST		
I am applying for access to document(s) concerning matters which are:		Personal Non-Personal
Details of document(s) requested:		
FORM OF ACCESS (Tick whichever	is appropriate)	
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	Yes □	No □
Specify form required:		



FEES AND CHARGES

Attached is a cheque / cash to the amount of \$30.00 to cover the application fee; or				
I require an invoice to be issued for the application fee	Yes □	No □		
I understand that before I obtain access to documents, I may be required to pa of this application and that I will be supplied with a statement of charges, if app		es in respec		
NOTE: In certain cases, a reduction in charges may apply. If you consider that you are entitled to a reduction, please submit a request with copies of the supporting documents with this form.				
I am requesting a reduction in charges	Yes □	No □		
ACKNOWLEDGEMENTS				
I HAVE READ THE Shire's Information Statement	Yes □	No □		
I acknowledge that Schedule 1 of the Freedom of Information Act 1992 provide from disclosure	es for matter that i Yes □	s "exempt" No □		
APPLICANT'S SIGNATURE:				
DATE:				