

# Freedom of Information Application Form

## **Application for Access to Documents**

Pursuant to the Freedom of Information Act 1992

Appl	licant	Details
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Surname:			Given Name/s:		
Address:					
Contact No:	(H)		(M)		
Email:					
If application is or	n behalf of an Organ	isation:			
Name of Organia	sation/Business:				
Agent/Represen	tatives Name:				
(This is inf personnel be require Non-perso	or documents contain formation about an icular file, job applications	dentifiable , financia contain i	e individual and in al records, academ nformation relating	cludes certain informati ic records etc. Proof of g to third parties	
Access to the follo	owing documents is	requeste	ed (please be as s	pecific as possible):	



i lease illulcate dat	e/s or range of dates o	f requested information	or document/s, if possil	ble:
Start Date:		End Date:		
Reason for access	as this may assist in th	ne accurate identification	n of documents:	
		es and Prescribed De		
	ıll "Prescribed Details" (	of agency officers being	deleted from the reque	ested
titles, addresses, te	elephone numbers, em	ation and/or prescribed of ail addresses and signa is — this may result in you	tures, means that the a	gency may
quicker and incurrir	ng lower charges.			
	nird parties may still be ed in the documents.	necessary in relation to	any commercial/busine	ess
Form of Access				
wish to inspect the	e documents	Yes	No	
require a copy of t	the documents	Yes	No	
• • •	another form	Yes	No	
require access to				

Access to documents may be provided in an alternate form. This includes, by way of inspection, a copy of a document or audio/video tape, a computer disk or written transcript. Where the agency is unable to grant access in the form requested, access may be given in a different form.



#### **Authorisation**

I understand the before I obtain access to documents I may be required to pay processing changes in respect to this application and that I will be supplied an estimate of charges, if appropriate.

Signature:	Date:	

## **Application Lodgement**

By Post to:	In Person to:	By Email to:
Administration Officer – Governance and Councillor	Customer Service Counter Ground Floor	customer@rockingham.wa.gov.au
Support City of Rockingham PO Box 2142 ROCKINGHAM DC WA 6967	Administration Building Civic Boulevard Rockingham	Note: Applicant will need to make alternate arrangements for payment of application fee

## **Fees and Charges**

Please ensure you include your \$30 application fee and you understand that before you obtain access to documents you may be required to pay processing charges in respect of your application. An estimate of charges will be provided in advance should these charges exceed \$25.

- Photocopies are charged at \$0.20 (20 cents) per copy.
- Information approved for release can be made available in an electronic form (PDF) to reduce costs.
- Fees do not apply for personal information, or for internal and external reviews.
- A 25% reduction in the additional charges is applied for holders of a current valid pensioner concession card. This card may need to be sighted to apply the discount.
- Additional charges will be waived or reduced if the applicant can prove impecunious status.

### Additional Information

- Please provide sufficient information to enable to correct document/s to be identified.
- You may be required to prove your identity.
- If you are seeking access to a document/s on behalf of another person, the agency will require a written, signed and dated statement of authority from that person.
- Your application will be dealt with as soon as practicable (and, in any case, within 45 days)
   after it is received subject to confirmation that you wish to proceed with the estimated charges.



- The *Freedom of Information Act 1992* is available to download for free from the State Law Publisher at <a href="https://www.slp.wa.gov.au">www.slp.wa.gov.au</a>.
- Further information can be obtained from the agencies Freedom of Information Officer.

**Please note**: if you are lodging an application on behalf of another person, you must provide authorisation in the form of a letter signed by that person.

Office	Use	Only
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Received:	
CRM Number:	