

### 13. FOI APPLICATION FORM

The following FOI Application Form may be used when lodging an access application.

FOI 1

**CITY OF ROCKINGHAM**  
**APPLICATION FOR ACCESS TO DOCUMENTS**  
(under Section 12 of the *Freedom of Information Act 1992*)

[Reset Form](#)

[Print Form](#)

[Submit Form](#)

#### DETAILS OF APPLICANT

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Australian Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone Number (s): \_\_\_\_\_

Email address: \_\_\_\_\_

#### If application is on behalf of an organisation:

Name of Organisation/Business: \_\_\_\_\_

**DETAILS OF REQUEST** (Please tick):       Personal documents       Non-Personal documents

I am applying for access to documents(s) concerning

## How do I lodge an application?

You must lodge your application in writing which must be accompanied by the \$30 Application Fee (fee only applicable for non-personal information application),

### By post:

Administrative Officer – Governance and  
Councillor Support  
City of Rockingham  
PO Box 2142  
ROCKINGHAM DC WA 6967

### In Person:

Customer Service Counter  
Ground Floor  
Administration Building  
Civic Boulevard ROCKINGHAM

For payment over the phone by credit or debit card, please ring the City of Rockingham customer service on (08) 9528 0333, please provide:

- Your name;
- Your address;
- Advise it is for a Freedom of Information Application; and
- Payment is for \$30.

**Note: Freedom of Information Application will not be processed until payment has been made.**

### FORM OF ACCESS (please tick appropriate box)

I wish to inspect the documents(s)

Yes

No

I require a copy of the documents(s)

Yes

No

I require access in another form

Yes

No

(specify) \_\_\_\_\_

### FEES AND CHARGES

Attached is a cheque/cash to the amount of \$\_\_\_\_\_ to cover the application fee. I understand that before I obtain access to documents I may be required to pay processing charges in respect of this application and that I will be supplied with a statement of charges if appropriate.

In certain cases a reduction in charges may apply - see section on fees and charges on the back of this form. If you consider you are entitled to a reduction, submit a request with copies of documents which address the criteria on the back of this form and support your application for a charge reduction.

I am requesting a reduction in charges  Yes  No (please tick)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Office Use Only

FOI Reference Number \_\_\_\_\_

### Proof of Identify (if applicable)

Type \_\_\_\_\_ Sighted \_\_\_\_\_