



# FREEDOM OF INFORMATION REQUEST FOR ACCESS TO DOCUMENTS

Form valid from 1 July 2022 to 30 June 2023

To: FOI Team - Yarra Ranges Council - PO Box 105 LILYDALE VIC 3140

## APPLICANT DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

## DOCUMENT/S REQUESTED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FORMS OF ACCESS

I request copies of the document/s  Yes  No

I request to view the original document/s  Yes  No

The FOI Act requires Council to consult with *all* individuals, businesses and government agencies referred to in the requested documents before it is permitted to make a decision concerning access.

**Do you consent Council to disclose your identity as the FOI applicant during the third party consultation process?**  Yes  No

I understand that an **Application fee of \$30.60** is payable in accordance with Section 17 (2A) of the *Freedom of Information Act 1982* (unless an exemption is requested).

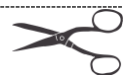
I understand that **Access charges** may be payable, and that I will be supplied with a statement of charges if appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information requested on this form is being collected by Council for the primary purpose of processing your Freedom of Information application. The personal information collected may be disclosed if the request requires transfer to another agency or if required by law. If the information is not collected we may be unable to respond to your application. By signing this form, the applicant understands that the personal information provided is for the purpose of processing the Freedom of Information request and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.

|                        |                   |                    |
|------------------------|-------------------|--------------------|
| <b>OFFICE USE ONLY</b> | Receipt No: _____ | Account No: RC FOI |
|------------------------|-------------------|--------------------|

**Complete this section to pay by Credit or Debit Card**



Name on card: .....

Card no.: \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Type of card: ..... Amount: \$30.60