

Freedom of Information Application Form



Last Name: _____

First Name: _____

Postal Address: _____

Contact Number(s): _____

Email Address: _____

Under the Freedom of Information Act 1982, I request access to the following document(s):

If more room is required, please attach a separate page

I require a copy of the document(s) or I wish to inspect the document(s)

- I enclose an application fee of \$31.80 (GST Exempt) which is payable for this request
- I understand that I will be supplied with a statement of further charges if appropriate

Signature: _____ Date: _____ / _____ / _____

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Lodging your application

Please lodge your Freedom of Application form using one of the methods below and attention it to Manager Governance Property and Risk.

In person	Email	Post
Central Goldfields Shire Council 22 Nolan Street Maryborough VIC 3465	mail@cgoldshire.vic.gov.au	PO Box 194 Maryborough VIC 3465

Office Use Only

Date Application Received: / /
Date Fee Paid / / (Receipt No): _____

Privacy Collection Statement

The personal information requested on this form is being collected by the Central Goldfields Shire Council for the purpose of processing your Freedom of Information Application. The personal information provided is for the use of the Council and the applicant may apply to Council for access and/or amendment of the information. Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law.