## FREEDOM OF INFORMATION REQUEST FOR ACCESS TO DOCUMENTS



То:	Freedom of Inform info@whittlesea.vi			Date _				
	r the Freedom of Intuition in the state of t				following do	ocument(s)		
Form	of Access: (tick w	here appropriate)						
	I understand that additional search charges apply and are payable prior to documents being released.							
	I am willing to accept copies of documents with exempt material deleted should it be required. Access to documents with exempt content will otherwise be refused.							
	I do not require personal details or details that would otherwise identify third parties (e.g. name, phone number, address etc).							
		am prepared to inspect copies of the document(s) where the provision of originals would nterfere unreasonably with the operations of Council.						
		I enclose an application fee of \$32.70 which is payable in respect of this request and I understand that I will be supplied with a statement of further charges if appropriate.						
equire	note if you are acti ed to provide a docu tion to the Freedom	ment signed by the	em confirming you a	vidual, com are authoris	pany, organ ed to act as	nisation etc) you are their representative		
Ve alse	o advise that you m	ay be required to p	produce ID when be	ing provide	d access to	certain documents.		
NAME	: Mr/Mrs/Miss/Ms							
ADDR	ESS:							
				Po	stcode:	<u>-</u>		
TELEF	PHONE NO:*	Business:		Mobile:	<del></del>			
EMAIL	ADDRESS:							
SIGNA	ATURE:*				· · · · · · · · · · · · · · · · · · ·			
request.		ition you understand and	d accept that the informati			ur Freedom of Information purpose and that you may		
Office ι	use only							
Applica	ation Received: (Dat	re)	(F	Receipt No.)				

12102.11200.61001

Risk & Assurance:

Receipt Type: 698 (exc GST) FOI Application fee

## **Credit Card Payment Authorisation**



To avoid delays please <u>attach</u> this completed authorisation to the invoice/s or application/s that you are paying.

Credit Card Details	
Type of Card (Please tick) Visa Mastercard	
Card Number / / /	-
Expiry Date/	
Cardholder Name	-
Payment Amount \$\\\\\$2.70	
I authorise City of Whittlesea to charge the amount stated above.	
Cardholder Signature	Date / /
IMPORTANT: Maximum accepted per transaction is	s \$10,000.
Payment above authorised for FOI Application Fee and or Charges in	relation to:
	insert applicant details

## Office Use Only Transaction details

Description	Authority GL Code		exc GST	GST	Sub Total inc GST	
FOI – Application Fee	12102	11200	61001	32.70	0.00	32.70
Applicant Ref No						
FOI – Charges / Costs	12102	11200	61001		0.00	
Applicant Ref No						

Please provide receipt to foi@whittlesea.vic.gov.au