

Freedom of Information Application Form

All correspondence to:

The Chief Executive Officer, Locked Bag 1 Busselton WA 6280 T: (08) 9781 0444 E: city@busselton.wa.gov.au www.busselton.wa.gov.au Office Hours: Monday to Friday 8:30am to 4:30pm

FREEDOM OF INFORMATION APPLICATION FORM **APPLICATION FOR ACCESS TO DOCUMENTS**

Freedom of Information Act 1992

Please refer to the City's Information Statement (published in accordance with the Freedom of Information Act 1992) before completing this form.

DETAILS OF APPLICANT					
Surname:	Given Names:				
Postal Address:					
Phone:Email:					
Organisation Name (if application is on behalf of an o	rganisation):				
DETAILS OF REQUEST					
am applying for access to document(s) concerning matters which are: Personal Non-Personal					
(Tick whichever is appropriate) Detail of document(s) requested:					
FORM OF ACCESS (Tick whichever is appropriate)					
I wish to inspect the document(s)	Yes	No 🗆			
I require a copy of the document(s)	Yes 🗌	No 🗆			
I require access in another form	Yes 🗌	No 🗆			
Specify form required:					

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FEES AND CHARGES

Attached is a cheque/cash to the amount of \$30.00 to cover the app	olication fee; or	Yes 📙			
I require an invoice to be issued for the application fee	Yes	s	No 🗆		
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.					
NOTE: In certain cases, a reduction in charges may apply. If you consrequest with copies of supporting documents with this form.	sider that you are e	entitled to a re	duction, submit o		
No reduction to the application fee shall apply.					
I am requesting a reduction in charges	Υ	Yes 🗌	No 🗆		
ACKNOWLEDGEMENTS					
I have read the City's Information Statement	Y	Yes 🗌	No 🗌		
I acknowledge that Schedule 1 of the <i>Freedom of Information Act</i> 19 provides for matter that is "exempt" from disclosure	992 Y	Yes 🗌	No 🗌		
ADDI ICANT'S SIGNATI IRE	DATE				

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