Freedom of Information

Application for access to documents

**FULL NAME OF APPLICANT:**

Title: Mr  Mrs  Miss  Ms  Other

**Family name**

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**Given name/s**

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**Address**

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**Suburb/town State/Territory Postcode**

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**Postal Address (if different)**

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**Suburb/town State/Territory Postcode**

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**Telephone or mobile number you wish to be contacted on**

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**Email**

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**APPLICATION DETAILS**

Please provide a detailed description of the documents you want to enable the FOI Coordinator to identify the documents.

Access requested (tick one box) Photocopies  Inspection

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**Signature of applicant**

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**Date**

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**PRIVACY STATEMENT:**

The information you provide on this form will only be used for the purpose of providing you with access or partial access to the documents you have requested. It will not be disclosed without your consent unless the ARC requires legal opinion through a legal firm or by statutory obligations and then only in the context you have provided it.