



Request for Access under the Freedom of Information Act 1989 (ACT)

To: The FOI Coordinator
 ACT Department of Treasury
 GPO Box 158
 Canberra ACT 2601

Or deliver to:
 Level 1, Canberra Nara Centre
 1 Constitution Avenue
 Canberra ACT 2601

Phone: 02 62050623
 Fax to: 02 62070304

Details of Applicant			
Title:			
Name:			
Address:			
Telephone	Home:	Work:	Mobile:
Email:			

Details of Request
<small>NOTE Applicants must clearly identify exactly what information is required.</small>
I request access to the following documents (attach separate sheet of paper if insufficient space):
These documents contain information about my personal affairs: <input type="checkbox"/> Yes <input type="checkbox"/> No

I would like:	<input type="checkbox"/> a copy of the document/s sent to the above address <input type="checkbox"/> to inspect the document/s
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<p><small>NOTE No application fee applies to an FOI request. However, charges may be applied for processing a request involving more than 10 hours processing time and/or 200 A4 photocopies. Applicants will be informed if processing charges are being imposed together with the basis on which they have been calculated. Charges may be remitted in part or whole under s 29 of the Act, including on grounds of financial hardship, public interest, and personal information.</small></p> <p>If charges are applied to my request, I seek remission of them on the grounds of:</p> <p>Financial hardship <input type="checkbox"/> Public Interest <input type="checkbox"/> Personal Information <input type="checkbox"/> Any other grounds <input type="checkbox"/></p> <p><small>NOTE A request for remission of processing charges must be accompanied by written reasons and/or documentary evidence in support of the request (attach separate sheet of paper if insufficient space):</small></p> <p>My reasons for seeking remission of the processing charges are as follows: </p>
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Do you consent to the Department consulting with a person whose information appears in a document relevant to your request? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Signature: _____ Date: _____