

# FREEDOM OF INFORMATION 2023-2024 REQUEST FOR ACCESS TO DOCUMENTS



To: Freedom of Information Officer  
info@whittlesea.vic.gov.au

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Under the Freedom of Information Act 1982, I wish to gain access to the following document(s)  
(NB: Sufficient information must be provided to identify the document(s) being sought).

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**Form of Access:** (tick where appropriate)

- I request copies of the document(s) to be forwarded by mail.
- I request an inspection of the original documents(s).
- 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 am prepared to inspect copies of the document(s) where the provision of originals would interfere unreasonably with the operations of Council.
- I enclose an application fee of \$31.80 which is payable in respect of this request and I understand that I will be supplied with a statement of further charges if appropriate.

**Please note if you are acting on behalf of another entity (an individual, company, organisation etc) you are required to provide a document signed by them confirming you are authorised to act as their representative in relation to the Freedom of Information Application.**

**We also advise that you may be required to produce ID when being provided access to certain documents.**

NAME: Mr/Mrs/Miss/Ms \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

TELEPHONE NO.\* Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE:\* \_\_\_\_\_

**Privacy Note**

The personal information requested on this form is being collected by Council for the purpose of processing your Freedom of Information request. By providing this information you understand and accept that the information will be used solely for this purpose and that you may apply to Council for access and/or amendment of the information at any time.

*Office use only*

Application Received: (Date) \_\_\_\_\_ (Receipt No.) \_\_\_\_\_  
Risk & Assurance: 12102.12100.61001 Receipt Type: 698 (exc GST) FOI Application fee

# Credit Card Payment Authorisation



**City of Whittlesea**

To avoid delays please attach 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

\$ \_\_\_\_\_

I authorise City of Whittlesea to charge the amount stated above.

Cardholder Signature

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IMPORTANT: Maximum accepted per transaction is \$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	12100	61001	31.80	0.00	31.80
Applicant Ref No						
FOI – Charges / Costs	12102	12100	61001	_____	0.00	_____
Applicant Ref No						

Please provide receipt to the Governance Team