![Cootamundra-Gundagai Regional Council logo]

Government Information (Public Access) Act 2009
FORMAL ACCESS TO INFORMATION REQUEST

Please complete this form to apply for formal access to government information under *the Government Information (Public Access) Act 2009 (GIPA Act).*

The information and personal details provided by you on this form are managed in accordance with the Privacy and Personal Information Protection Act 1998 and Cootamundra-Gundagai Regional Council's policies and procedures as outlined in Councils Privacy Management Plan. Should you choose not to provide this information (wholly or in part) this may impact upon consideration of the matter by Council. The information will ultimately be stored in Council's records system.

Your details

Company: ....

Surname: .... **Title**: Mr / Mrs / Ms / Dr

First/ Given Name: ....

Other names: ....

Postal address: .... **Postcode**: ......

Day-time telephone: .... **Facsimile**:...

Email: ....

☐   I agree to receive correspondence at the above email address.

The questions below are optional and the information will only be used for the purposes of providing better service.

Place of birth:………………………………… **Main language spoken**: …………………………………………

Aboriginal or Torres Strait Islander: **Yes / No** (circle one)

Do you have special needs for assistance with this application? ....

………

Proof of identity

Only required when an applicant is requesting information on their own behalf.

When seeking access to personal information, an applicant must provide proof of identity in the form of a *certified copy* **of any one of the following documents:**

☐ Australian driver's licence
   with photograph, signature and current address

☐ Current Australian passport

☐ Other proof of signature and current address details

Government information requested

Please describe the information you would like to access in enough detail to allow the agency to identify it.

Note: If you do not give enough details about the information, the agency may refuse to process your application.

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Are you seeking personal information? **Yes / No** (circle one)

Form of access

How do you wish to access the information?

☐ Inspect the document(s)   ☐ A copy of the document(s)

☐ Access in another way (please specify)

....

....

Application Fee

I attach payment of the **$30 application fee** by cash / cheque / money order (circle one).

(Note: please do NOT send cash by post. Payment must be made to the agency you are requesting information from)

Third Party Consultation

Under section 54 of the GIPA Act, if the information you are requesting contains information about another person, business or agency, the agency may be required to consult with third parties before deciding your application. The purpose of this consultation is for the agency to determine whether the third party has an objection to disclosure of some or all of the information being requested. Please indicate whether you consent to your identity as an applicant being disclosed to the involved third party:

Do you object to this? **Yes** / **No** (circle one)

Disclosure log

If the information sought is released to you and would be of interest to other members of the public, details about your application may be recorded in the agency's 'disclosure log'. This is published on the agency's website.

Do you object to this? **Yes** / **No** (circle one)

Discount in processing charges

You may be asked to pay a charge for processing the application ($30 / hour). Some applicants may be entitled to a 50% reduction in their processing charges. If you wish to apply for a discount, please indicate the reason:

☐   Financial hardship – please attach supporting documentation (e.g. a pension or Centrelink card).

AND / OR

☐   Special benefit to the public – please specify why below:

....

....

Applicant's signature: ....

Date: ....

Office use only

Date application received:..

File reference:

Please process payment for _____ **to the below credit card.**

CREDIT CARD PAYMENT DETAILS

Cardholder Name: _____

Card Type: ☐ Visa
☐ MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

CCV Number: _____

(Payment cannot be processed without a CCV number and your request will be returned if not supplied)

Amount: $ _____

Applicant Signature: _____

Contact Name: _____

Contact Number: _____

Date: _____