## Request for Freedom of Information



			SHIKE COUNCIL
Name *			
Organisation (if			
applicable):			
Email:			
Telephone:			
Postal address:			
r ostar address.			
* If you are seeking authority from that	access to information on behalf of another other person.	person, you must provide a writte	en, signed and dated statement of
The documents you	are requesting access to		
Please identify, des	cribe or outline the document(s) you are se	eking access to.	
	provide sufficient information for us to be a about which document(s) you are seeking		
<ul><li>what the</li></ul>	document(s) relate to (for example, a comp	laint you made, or a particular pro	oject);
<ul> <li>the date r</li> </ul>	ange in which the document(s) may have b	een created (up to the date of you	ur application);
	e document(s) might be located (for examp or work unit); and	e, in a particular email account, w	vith a specific person, or held by a
<ul> <li>the type of</li> </ul>	of document(s) you seek (for example, an er	nail, report, CCTV footage).	
	oid using wording such as 'all documents' b t be specific enough for us to identify the do s.		
Jnder the <i>Freedom</i>	of Information Act 1982, I wish to gain acco	ess to the following document/s, o	dated/created between
		<b></b>	
n.			
Details of Request	t: (Please attach additional sheet/s if insuffi	cient space)	
personal affairs info	ormation relevant to your needs? Tes /	☐ No <i>If NO, personal information</i>	on will be deleted from any
nsultation			
	mulication and to accept to the state of the	a annia in managara de la Contra de la Contr	tion.
e. names, addresse	pplication seeks access to documents which s, phone numbers or other identifying infor ceiving their information. Consultation may	mation) Council must consult wit	h every affected person and ask if
N SHIRE COUNCIL	► DAYLESEORD	▶ CRESWICK	▶ CIUNES

For the purposes of consultation:				
Do you consent to Council identifying you as the applicant?				
Do you consent to Council disclosing the purpose of your request?				
Additional information to assist us				
Optional: please provide background or contextual information to assist us in processing your requereasons for seeking access to the document(s) and what you intend to do with the document(s). Promay assist us to identify and locate document(s) relevant to your request. It may also assist us to ideaccess the requested document(s) outside of the FOI Act.	viding additional information			
It may be helpful to exclude certain documents or information from your request if it isn't particular may allow us to process your request more quickly by potentially reducing the number of document requirement for us to consult with third parties.				
Do you require access to:				
Draft document:				
Duplicate documents:  Yes /  No				
Commercial information relating to third parties: Yes / No				
Personal information relating to third parties: Yes / No				
Proof of identification (if applicable)				
If the documents you are seeking access to relate to you personally, you may need to provide us wit identification. We may not be able to provide access to the requested document(s) if we cannot ver subject of the document(s).				
Edited copies				
The document(s) you requested may contain exempt or irrelevant information. Under section 25 of edited copies of document(s) with exempt or irrelevant information removed. However, we are only indicate you will accept an edited copy of the document(s), and if it is practicable for us to make edit an edited copy, we may decide the entire document is exempt and refuse access to it in full, even if could be released to you.	required to do this if you ts. If you don't agree to receive			
☐ I agree / ☐ I do not agree to receive access to a copy of a document with exempt or irrelevant ir accordance with section 25 of the FOI Act.	nformation removed in			
Form of access				
Please tell us how you would like to receive a copy of the document(s) we decide to release to you.				
a copy sent by email inspecting the document(s) a hardcopy or USB sent by post a hardcopy or USB pick up  Note: We will try to accommodate your request but may have to provide access in another way.				
Application fee				
The application fee for making a request for access under section 17 of the FOI Act is \$33.60. You ca by bank cheque, money order or credit card.	n pay the application fee			
Credit card payment : Please charge my credit card for the amount of \$33.60	□ Visa			
Name on Card:Expiry date:/				
Credit Card number:Signature:	(if posted)			
Alternatively, if paying the application fee would cause you hardship, you may request that we waiv part. If you request a waiver, please provide evidence to show why paying the fee would cause you concession or healthcare card, and a bank statement or statutory declaration outlining why paymen assess your fee waiver request and let you know the outcome.  I understand that before I obtain access to document(s) I may be required to pay processing charges	hardship, such as a pensioner It would cause hardship. We will			
<u>Information Webpage</u> in respect of this application.	<u> </u>			
	Office use only			
Applicants SignatureDate	Account no 'Freedom of Information' 10-1015-1001-41160			
Send your request to: The Freedom of Information Officer: foi@hepburn.vic.gov.au or Hepburn Shire Council, PO Box 21, Daylesford VIC 3460	Application fee received ☐ Yes ☐ No			
	Receipt no			