

ACCESS TO INFORMATION APPLICATION FORM

(Regulations 8, 17 and 19)

APPLICATION FORM FOR ACCESS TO OFFICIAL DOCUMENT**(Please use a separate application form for each document requested)****Public Authority**

Please state the title of the public authority from which you are requesting the document.

Name of Public Authority _____

Name of Applicant_____
Last Name_____
First Name_____
Middle Name**Applicant Contact Details**

Please indicate the address to which correspondence related to your application should be sent.

Mailing Address _____ _____	
Postal / Zip Code _____	Country _____
Business Phone _____	Personal Phone _____
Email address _____	
Other _____	

Document Details

Please state all information which will assist us in filling your request quickly. Including Name/Type of Document and Reference/File No. (if known)

Document Description <hr/> <hr/> <hr/>	
I would like to (Tick the option) <input type="checkbox"/> inspect the document <input type="checkbox"/> listen to the document <input type="checkbox"/> view the document	Have a copy (ies) of the document made available to me in the following format (Tick the desired option/s) <input type="checkbox"/> photocopy <input type="checkbox"/> CD/thumb drive <input type="checkbox"/> transcript <input type="checkbox"/> PDF/JPEG <input type="checkbox"/> other (please specify below) <hr/> <hr/> Number of copies <input type="text"/>

Please note that:

- payment will be required before copies are made;
- information on available formats and prices per copy may be obtained from the relevant public authority;
- where the provision of copies in the requested format is not possible, an alternative format, as may be agreed between the parties, will be made available.

Date

Signature of Applicant

Note: Responsible Officers should complete a Memorandum of Attestation & Verification if an application is completed by him/her on behalf of the applicant.