

**Freedom of Information Application**

**for Access to Documents**

**Under Freedom of Information Act 1992 WA**

**In Person:** **By Post:**

Freedom of Information Co-ordinator PO Box 42

City of Kalamunda Kalamunda WA 6926

2 Railway Road

KALAMUNDA WA 6076 **Phone:** (08) 9257 9999  **Email:** enquiries@kalamunda.wa.gov.au

 **Web:** www.kalamunda.wa.gov.au

I request information under the Freedom of Information Act 1992 WA.

(*Please tick relevant box below to indicate the type of information you are requesting*)

**The information requested is**: ⬜ Personal Information ⬜ Non-Personal Information

***Personal Information*** *– Information that relates to you personally – No fee payable.*

***Non-Personal Information*** *– Information requested does not solely relate to you personally - a $30.00 fee applies (Please note -additional costs may be incurred depending on scope of the request)*

1. **APPLICANT DETAILS**

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| **Surname:** |
| **Given Names:** |
| **Postal Address (in Australia):** |
| **Telephone:** **Mobile:** |
| **Email Address:** |

**NAME OF ORGANISATION/BUSINESS**

***(Please note: Written authorisation will be required if acting on behalf of another person/organisation, please attach this to the application form).***

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1. **DETAILS OF YOUR REQUEST**

Please ensure you provide as much specific information as possible to assist us in identifying the documents you are seeking. (i.e. subjects/locations/dates/Names)

Providing us with a reason you are seeking documentation may assist in locating documents, however, this is optional.

From Date: To Date:

(If known) (If known)

**I am seeking access to document(s) relating to:**

*(If require more space to submit more details, please attach additional page/s to this application form)*

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1. **FORM OF ACCESS** *(Please tick relevant box to indicate type of access required)*

⬜ Printed Copy ⬜ Electronic Copy ⬜ Inspection

I declare that all details given are true and correct.

 **Date:**

**Applicant Signature:**