Government Information (Public Access) Act 2009



ACCESS APPLICATION

Please complete this form to apply for formal access to government information under the Government Information (Public Access) Act 2009 (GIPA Act). If you need help with completing this form, please contact Council's Right to Information Officer on (02) 6817 8800 or visit our website at www.gilgandra.nsw.gov.au

General information about the GIPA Act is available by calling the Office of the Information Commissioner on freecall 1800 INFOCOM (1800 463 626) or at its website: www.oic.nsw.gov.au.

APPLICANT'S DETAILS

Surname:	Given Names:	
Title: (Mr/Mrs/Ms):		
Postal address:		
Contact Telephone Number(s):	(Home) (Work)	
Mobile:	Email:	
GOVERNMENT INFORMATION		
Please describe the information you would like	to access in enough detail to allow us to identify it. nformation, Council may refuse to process your application)	
Is the information about your personal affairs?	□ NO	
	☐ YES – Proof of identity required (see below)	
PROOF OF IDENTITY (Only required when an	applicant is requesting information on their own behalf)	
When seeking access to personal information, of a certified copy of any one of the following do	an applicant must provide proof of identity in the form ocuments:	
☐ Australian Driver's Licence (with photograp	h, signature and current address)	
□ Current Australian Passport		
☐ Other proof of signature and current address details		

FORM OF ACCESS			
How do you wish to access the information?			
☐ Inspect the document(s)			
☐ A copy of the document(s) (please note: if copies of documents are require	ed a photocopying char	ge of \$0.30 per copy will apply)	
$\hfill \square$ Access in another way (please specify)			
APPLICATION FEE (Please do not send c	ash through the mail)		
I attach payment of the \$30 application fee (C	ash / Cheque / Money	Order)	
I understand I may be required to pay process I will be supplied with a statement of charges if) in respect of this request and that	
Note: In certain cases a 50% reduction in apply for a discount, please indicate		charges may apply. If you wish to	
☐ Financial hardship – please attached supporting documentation, eg pension card			
AND/OR	AND/OR		
☐ Special benefit to the public	☐ Special benefit to the public – please specify details		
DISCLOSURE LOG			
If the information sought is released to you and details about your application may be recorded Council's website.		•	
Do you object to this?: YES / NO			
DECLARATION			
Signature:	Date	e:	
,	nire Council, Warren Road) A NSW 2827		
OFFICE USE ONLY			
Proof of Identity verified by:			
Request received by:	Date:	Date:	
Total fees paid:	Receipt No:	Receipt No:	
Referred to:	Department:	Department:	
Completed by:	Completion of	Completion date:	