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| MRSC logo MS Word cropped.jpg | **Freedom of** Information |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444T 03 5422 0333 – F 03 5422 3623 – mrsc@mrsc.vic.gov.au – www.mrsc.vic.gov.au |

Application Fee: $31.80

We may be able to provide the document/s that you are seeking outside the FOI Act. Please contact the Governance Team on 5422 0333 or email governance@mrsc.vic.gov.au to discuss your request **before completing this form.**

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| Name: |       |
| Address: |       |
| Phone (work): |       | Phone (home or mobile): |       |
| Email:  |       |
| Signature: |  | Date: |  |

I am completing this application on behalf of another person and have attached a signed and dated authorisation form.

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| [ ]  | Yes | **Person’s name:**  |       |
| [ ]  | No, I am completing this form for myself |

When making your request, please be specific - provide dates, document type/s, identify people or groups. Avoid using statements like ‘all documents’ or ‘including but not limited to’.

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| Under the *Freedom of Information Act* 1982, I wish to gain access to the following document/s for the date range from       to       (up to the date of your request) |

**Form of access requested**

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| [ ]  | I request copies of the document/s be sent to me **OR** [ ] I wish to inspect the original document/s  |

**Fee and charges**

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| **[ ]**  | I acknowledge the application fee is payable once this request is valid and understand that further access charges will be applicable for search time and photocopying.  |

Where the payment of application fees or charges may cause financial hardship, an applicant may apply for a reduction of waiver. If you wish to request consideration for a reduction or waiver, please state the reason for your request below, e.g.; You currently hold a Commonwealth Pension or Commonwealth Health Care Card.

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**Personal affairs information**

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| [ ]  | Yes | [ ]  | No |

Please note, if your request seeks access to documents that contain personal affairs information (names, contact details or other identifying information), Council must consult with every person and seek their views on the release of their personal information. The requirement to consult may extend the due date for your request.

Is personal affairs information relevant to the scope of your request?

(If no, personal affairs information will be redacted from any documents released.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |  |

If yes, for the purposes of consultation, do you consent to Council identifying you as the applicant?

Are duplicated documents relevant to your request? (If no, duplicated documents will be excluded from this request.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |  |

Do you consent to Council disclosing the purpose of your request?

If yes, please outline the purpose of your request:

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|  |

We will review your FOI application and contact you to let you know how you may be able to access the documents you are seeking, including whether you need to proceed with your request. If we suggest proceeding with your FOI request we will assist you with making your request valid, including payment of fees.

**Privacy collection notice**

The collection and handling of personal and health information is in accordance with Council’s Privacy Policy which can be downloaded at mrsc.vic.gov/privacy