FREEDOM OF INFORMATION REQUEST

Freedom of Information Act 1982



Surname:			
First Name(s):			
Full Address:			
Contact Numbers:	Home:	Business:	
Email Address:			

Document Details

To enable the Freedom of Information Officer to identify the document that you require, please provide as much detail as possible. You may attach further information if necessary.

I would like access to the following documents under the Victorian Freedom of Information Act 1982:

Please indicate the type of access you prefe	r:
I would like a copy of the documents	I would like to inspect the documents
Payment of Application Fee	
\$30.10 enclosed	
* The application fee may be waived or reduc	ced in certain circumstances.
Signature:	Date:

Privacy Statement

The personal information you provide will be used solely by Council for the provision of assisting you with this Freedom of Information request. Council may disclose this information to other organisations if required by law. The applicant understands that the personal information provided is for the purpose stated and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correct should be made to Council's Privacy Officer.

Office Use Only		
Fee Paid:		
Receipt No:		

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