

FREEDOM OF INFORMATION

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REQUEST FOR ACCESS TO DOCUMENTS

FORM 1

To: **Freedom of Information Officer**
Campaspe Shire Council
PO Box 35
ECHUCA VIC 3564

Under the Freedom of Information Act 1982, I wish to gain access to the following document(s):

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Form of Access: (tick where appropriate)

- I request copies of the document(s) to be forwarded by mail.
- I request an inspection of the original document(s).
- I am prepared to inspect copies of the document(s) where the provision of originals would interfere unreasonably with the operations of the Campaspe Shire Council.

I enclose an application fee of \$28.90 which is payable in respect of this request and I understand that I will be supplied with notification of any further charges applicable.

Privacy Disclosure Statement

The information contained in this document is collected to progress my application. This information may be disclosed to third parties if deemed necessary. The information used in this form will be used in accordance with the Privacy and Data Protection Act 2014 (Victoria). To view Council's privacy policy please go to Privacy and Data Protection Policy 81 at www.campaspe.vic.gov.au or visit Council's office to view a copy of the policy.

NAME: Mr. / Mrs. / Miss / Ms. _____

ADDRESS: _____

_____ **Postcode:** _____

TELEPHONE: Business Hours: _____

Email: _____

SIGNATURE: _____