



CITY of SWAN

Administration Centre – 2 Midland Square, Midland

Correspondence: PO Box 196, Midland, Western Australia, 6936

Telephone: (08) 9267 9267 Facsimile: (08) 9267 9444

e-mail: swan@swan.wa.gov.au

website : www.swan.wa.gov.au

Freedom of Information Act 1992

APPLICATION FOR ACCESS TO DOCUMENTS

DETAILS OF APPLICANT

Surname: _____ Given Names: _____

Postal Address: _____ Telephone No: _____

Email: _____

Organisation Name (if application is on behalf of an organisation): _____

DETAILS OF REQUEST

I am applying for access to document(s) concerning matters which are: Personal Non-Personal

(tick whichever is appropriate)

These document(s) are:

FORM OF ACCESS (Tick whichever is appropriate)

I wish to inspect the document Yes No

I require a copy of the document(s) Yes No

I require access in another form Yes No

Specify form required _____

FEES AND CHARGES

Attached is a cheque/cash to the amount of \$ 30.00 to cover the application fee. I understand that before I obtain access to documents I may be required to pay processing charges in respect of this application and that I will be supplied with a statement of charges if appropriate.

NOTE: *In certain cases a reduction in fees and charges may apply (see the section on fees and charges on the back of this form). If you consider that you are entitled to a reduction, submit a request with copies of supporting documents with this form.*

I am requesting a reduction in fees and charges Yes No

APPLICANT'S SIGNATURE _____ DATE _____



(Office Use only)

FOI Reference Number _____ Deadline for response ____/____/____

Received on ____/____/____ Acknowledgment sent on ____/____/____

Proof of Identity (if applicable)

Type _____ Signed _____

NOTES

FOI Applications

- Please provide sufficient information to enable the correct document(s) to be identified.
- The City of Swan may request proof of your identity.
- If you are seeking access to a document(s) on behalf of another person, the City of Swan will require authorisation in writing.
- Your application will be dealt with as soon as practicable (and, in any case, within 45 days) after it is received.
- Further information can be obtained from the FOI Co-ordinator.
- The *Freedom of Information Act 1992* is available for purchase from the State Government Bookshop, 815 Hay Street, Perth.
Telephone: (08) 9222 8216 or visit their website at www.wa.gov.au/statutes

Forms of Access

You can request access to documents by way of inspection, a copy of a document, a copy of an audio or video tape, a computer disk, a transcript of a recorded document or of words recorded in shorthand or encoded form, or a written document in the case of a document from which words can be reproduced in written form.

Where the City of Swan is unable to grant access in the form requested, access may be given in a different form.

Fees and Charges

- \$30.00 application fee (non-personal information ONLY).
- An applicant who is the holder of a currently valid concession card issued on behalf of the Commonwealth Government under the *Rates and Charges (Rebates and Deferments) Act 1992* may be eligible for a reduction of 25% in the charges associated with the application..
- No reduction is applicable to the application fee.

Lodgement of Applications

Applications may be lodged:

By email to swan@swan.wa.gov.au

By post addressed to:

The FOI Co-ordinator
City of Swan
PO Box 196
MIDLAND WA 6936

In person at:

City of Swan
Administration Office
2 Midland Square
MIDLAND

(PLEASE RETURN THIS PORTION WITH YOUR PAYMENT)

City of Swan
PO Box 196
MIDLAND WA 6936

Dear Sir

Enclosed herewith is a **cheque/money order** for the sum of _____ for payment of the required application fee.

If Paying by Credit Card:

Payment may be made by Mastercard, Visa or American Express by:-

- Presenting this form INTACT at the **CITY OF SWAN Administration Office, 2 Midland Square, Midland** during business hours 8:00am to 5:00pm Monday to Friday.

OR

- Completing the payment authority and forwarding it by mail, fax or email to:-

CITY OF SWAN, PO Box 196, Midland, WA 6936, Fax to 9267 9444 or

Email: swan@swan.wa.gov.au

PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD

Name as shown on Card _____

Card Holder Address _____

Suburb / Postcode _____ Signature _____

Mastercard Visa American Express

Card Number:-

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Expiry Date ____ / ____ Amount \$ _____

Daytime Contact Phone Number: _____