



Formal Access Application

Government Information (Public Access) Act 2009 (Section 9)

Finance & Corporate Services

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541

Address all correspondence to: The General Manager, PO Box 42, Nowra, NSW, Australia, 2541 | DX 5323 Nowra
council@shoalhaven.nsw.gov.au | www.shoalhaven.nsw.gov.au | Phone: (02) 4429 3111 | Fax: (02) 4422 1816

1 Applicant Details

Title (Mr/Mrs/Miss/Ms):

Family Name:

First Name:

Postal Address:

Suburb: Postcode:

Daytime Phone:

Mobile: Fax:

Email:

I agree to receive correspondence at the above email address.

In processing your application it may be necessary to consult with other parties, if you object to the disclosure of your name as the applicant, please indicate by ticking the box.

2 Details of Request

Please describe the information you would like to access in enough detail to allow us to identify it. Please note if you do not give enough details about the information, Council may refuse to process your application.

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Are you seeking personal information? Yes No

Important Information

Please complete this form if you are requesting access to information as provided for under section 9 of the *Government Information (Public Access) Act 2009 (GIPA Act)*. Government information is information contained in a record held by council. If you need help in filling out this form or require further information, please contact Council's Information Officer on (02) 4429 3111 or visit our website at www.shoalhaven.nsw.gov.au.

Please Note: In accordance with S.8 of the GIPA Act Council cannot be required to disclose information pursuant to an informal request and cannot be required to consider an informal request. Council can impose reasonable conditions with respect to the release of information and can decide by what means the information is to be released. Public access to a record may be facilitated by deleting any information if the inclusion of that information would otherwise result in there being an overriding public interest against disclosure of the record.

3 Proof of Identity

Only required when an applicant is seeking to access their own personal information.

When seeking access to personal information, you must provide proof of identity in the form of an original or a certified copy of any one of the following documents:

- Australian driver's licence (with photograph, signature and current address)
- Current Australian Passport
- Other proof of signature and current address details

Privacy Notification: The information on this form is being collected by Shoalhaven City Council and supports your request for access to personal information from a public register. This declaration will be used by Council staff for the purpose of determining your request. The provision of this information is voluntary however, without it Council may not be able to process your request. You may apply to Council for access to this information at any time

OFFICE USE ONLY

	Formal Access Application - GIPA Act	Information (GIPAA) Officer
Form Number: 746	Version Number 1	Issue Date: 19/10/2011
		Next Review date: 19/10/2012

4 Form of Access

How do you wish to access the information?

- Inspect the document/s
- A copy of the document/s
- Access in another way (please specify)

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5 Application Fee

attach payment of the \$30 application fee by:

- Cash
- Cheque
- Money Order

6 Processing Charge

understand that I may be required to pay a processing charge (\$30 per hour) in respect of this request and I will be provided with a statement of charges if appropriate.

7 Disclosure Log

If the information sought is released to you and would be of interest to other members of the public, details about your application may be recorded in Council's 'disclosure log'. This is published on Council's website. Please not Council will not include your personal details in the 'disclosure log'.

Do you object to this? Yes No

8 Discount in Processing Charges

In certain cases a 50% reduction in a processing charge may apply. If you consider you are entitled to a reduction please indicate the reason below.

Financial Hardship - reduction applies where Council is satisfied the applicant is suffering financial hardship (eg. a pension or Centrelink card - please provide a copy).

and/or

Special benefit to the public - reduction applies where Council is satisfied the information requested is of special benefit to the public generally. (Please detail reason(s) in a separate submission and attach)

9 Signature

..... (Date)..... / /

(Signature of Applicant)

Postal Information

Please post this form to:

**General Manager
Shoalhaven City Council
PO Box 42
NOWRA NSW 2541**

Or lodge at:

**City Administrative Centre, Bridge Road
NOWRA NSW 2541**

**Southern District Office, Deering Street
ULLADULLA NSW 2539**

OFFICE USE ONLY

Date Application Received:

File Reference: