

# FORMAL ACCESS APPLICATION

## Government Information (Public Access) Act 2009

Locked Bag 155, Coffs Harbour 2450  
Customer Service Centre, 2 Castle Street, Coffs Harbour  
Email: [coffs.council@chcc.nsw.gov.au](mailto:coffs.council@chcc.nsw.gov.au) Phone: (02) 6648 4000  
ABN 79 126 214 487



**NOTE:** this application should not be lodged unless you have been unsuccessful in obtaining information through an [Informal Access Request](#) or Council has advised you to lodge a Formal Access Application.

### 1. Details of the applicant

It is important that Council is able to contact you if more information is required. Please provide as much detail as possible.

Mr  Ms  Mrs  Dr  Other: \_\_\_\_\_

Given name/s

Surname

Company/organisation

ABN

Postal address

Suburb or town

State

Postcode

Daytime telephone

Fax

Mobile

Email address

*The questions below are optional and the information will only be used for the purposes of providing better service.*

Place of birth:

Main language spoken:

Aboriginal or Torres Strait Islander:

Yes  No (Tick one)

Do you have special needs for assistance with this application?

Yes  No (Tick one)

If yes, please specify:

### 2. Proof of identity *(only required when an applicant is requesting information on their own behalf)*

When seeking access to personal information an applicant must provide proof of identity in the form of 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

### 3. Government information

Please describe the information you would like to access in enough detail to allow us to enable identification.

Note: If you do not give enough details about the information, Council may refuse to process your application

Are you seeking personal information?  Yes  No (Tick one) – Attach another page if required.

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If you have applied at any time to another agency for substantially the same information, please provide the name of the other agency.....

How do you wish to access the information:

- I wish to inspect the document (s)
- I require a copy of the document (s)
- I require access in another way (please specify):- .....

#### 5. Consent

The GIPA Act requires Council to consult with third parties when considering the potential release of information about the other person's personal or other affairs. If Council is required to consult other people about your application, Council may need your consent to tell that person that you are the applicant. Please indicate below if you consent to your identity as an applicant being disclosed: (*tick one box only*):-

- Yes, I consent to my identity as an applicant under GIPA Act being disclosed
- No, I do not consent to my identity as an applicant under GIPA Act being disclosed

#### 6. Discounted processing charge

Some applicants may be entitled to a 50% reduction in processing charges. Supporting documentation must be attached. If you wish to apply for a discount, please indicate the reason:

- Holder of a current Pensioner Concession card issued by the Commonwealth
- Full-time student
- Representing or part of a non-profit organisation
- Special benefit to the public – please specify why below:  
.....

#### 7. Applicable fees and charges

The payment of the \$30.00 application fee is attached in the form of:-

- cheque
- money order
- cash (please do not send cash by post)

Hourly processing charges may apply. Refer to Council's adopted fees and charges at [www.coffsharbour.nsw.gov.au/fees](http://www.coffsharbour.nsw.gov.au/fees)

#### 8. Disclosure log

If the information sought is released to you and Council considers that the subject of your application would be of public interest, it may be recorded in Council's 'disclosure log' that is published on Council's website. Your personal identification and contact details would be omitted.

Do you object to this?  Yes  No (Tick one)

#### 9. Privacy and personal information protection notice

- this information is voluntarily required to process your request;
- your application will be retained in Council's Records Management System and disposed of in accordance with the Local Government Disposal Authority;
- your personal information can be accessed and corrected at any time by contacting this Council.

#### 10. Applicant's Signature

I declare that to the best of my knowledge all particulars supplied by me are correct and completed. I understand that inaccurate or false statements may cause my application to be delayed or rescinded.

Signature: ..... Date: ...../...../.....

#### OFFICE USE ONLY

Date received

Application fee (if applicable)

Receipt No.

General information about the GIPA Act is available by calling the Office of the Information and Privacy Commissioner on free call 1800 472 679

Formal Access Application [FRM – E112] 24.04.2019