



# APPLICATION FOR ACCESS TO INFORMATION

## THE APPLICATION

### DETAILS OF APPLICANT

Name:

Address:

Contact No.:

E-mail:

### DETAILS OF SUBJECT DEVELOPMENT

Lot No.:  Deposited Plan:

House No.:  Street Name:

Suburb:  Post Code:

Development:

### DETAILS OF REQUESTED INFORMATION

I request a copy of the following information:

In relation to this request, I request to:

- Receive a copy via e-mail       Receive a copy via post       Collect a copy from a Local Office       View a copy at a Local Office

NOTE:

There will be no refund of the application processing fee should this application be refused.

The applicant is liable for the payment of any additional fees such as scanning or copying prior to the release of the requested information.

### OWNER'S CONSENT FOR RELEASE OF INFORMATION

Signed: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICANT'S SIGNATURE

Signed: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

### PRIVACY STATEMENT

By completing this form you are enabling Local Certification Services Pty Ltd to collect personal information to enable us to provide you with a satisfactory service. This information will be stored in Local's records system and will be used only for the purposes for which it has been collected.

### INTERNAL USE ONLY

Receipt Date:

Received By:

Fee Paid: