

## IMPORTANT INFORMATION

Personal information is information about you, e.g. family details, details of employment, material in personal records, medical reports etc. This form is designed to assist in requesting for personal information that the City may withhold regarding yourself.

## APPLICANT DETAILS

First Name	Surname		
Organisation (if Applicable)	Passcode		
Postal address	Suburb	State	Postcode
Home Phone	Work Phone	Mobile	
Email Address			

## DETAILS REQUEST

I wish to apply for access to documents concerning:

Please provide as much information as possible to help us identify the documents you are requesting, i.e. location / address, subject matter, date(s). Although not mandatory, it is helpful if you are able to give some background as to the reason/s you are seeking access to documents.

Date Range: (Please indicate a date range for the documents if possible)

Start Date:    /    /

End Date:       /       /

## FORM OF ACCESS

Please indicate form of access required

Electronic

Inspection

Hard Copy (additional fees may be applicable)

## CONSENT

Please indicate consent to consult with third parties and/or to delete third party information where applicable.

I consent to all "Personal Information" and / or "Commercial Information" of third parties and City of Kalgoorlie-Boulder staff being edited from the requested document/s

Please note: Choosing without consent may result in increased processing fees and time frames. Upon consultation with third parties, this information may be edited under the relevant exemptions.

I consent to external third parties being provided my name as the applicant requesting the information

## AUTHORISATION

By ticking this box, I confirm I understand that this form authorises the City of Kalgoorlie-Boulder to reproduce any documents associated with this application for internal purposes only.

By ticking this box, I confirm 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 an estimate of charges, if appropriate.

By ticking this box, I confirm the information I have provided in this form is accurate. (A signature is not required on forms lodged electronically and submissions will be treated in accordance with the Electronic Transactions Act 2011 (WA).)

Signature:

Date:

   /     /

Filled out form(s) can be returned to the **City of Kalgoorlie-Boulder Administration Building, 577 Hannan Street**, Kalgoorlie, in person or via post with ATTN to Privacy Officer. Alternately can be emailed to [ckb.privacy@ckb.wa.gov.au](mailto:ckb.privacy@ckb.wa.gov.au)