



Office of State Revenue
NSW TREASURY

ISO 9001-Quality Certified

ABN: 77 456 270 638

Application for Access under the Freedom of Information Act (NSW) Section 17

Details of applicant

Surname
Given names
Australian postal address
Postcode
Phone number(s) ()

Details of application

I request access to document(s) concerning:

These documents do / do not contain information about my personal affairs. (Please tick whichever applies.)

Form of access (please tick the appropriate box)

I wish to inspect the document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I require a copy of the document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I require access in another form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other ➤ <i>please specify</i>		

Fees and charges

Attached is a cheque/money order/cash to the amount of \$30 to cover the application fee. **(Please do not send cash through the mail.)**

I understand that I may be required to pay an advance deposit or a processing fee in respect of this request and that I will be supplied with a statement of charges if appropriate.

NOTE: In certain cases a **50 per cent reduction in fees and charges** may apply – see the section on fees and charges on the back of this form. If you consider you are entitled to a reduction, send a request with copies of supporting documents with this form.

I am requesting a reduction in fees and charges	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Applicant's signature	Date / /
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