



INFORMATION ACT 2002

APPLICATION TO ACCESS GOVERNMENT INFORMATION

Details of Applicant

Surname: _____ First Name(s): _____

Preferred Title: Mr / Dr / Mrs / Ms / Miss (please circle) Other: _____

Name of organisation you are applying on behalf of: _____

Address for Correspondence: _____

Email Address: _____

Contact Numbers: B/H: _____ A/H: _____
 Fax: _____ Mobile: _____
 (Please indicate preferred method of contact)

Privacy: Personal Information collected on this form is done in so in accordance with the Privacy Legislation contained in the Information Act. For more information regarding how the Department of Planning & Infrastructure handles personal information please view our **Privacy Statement** located at <http://www.dpi.nt.gov.au/copyright/privacy.html>

Details of Information Sought

Please provide as much detail as you can about the information you want. eg dates created, subject matter, Department/Division/Unit that held or does hold the information. (Attach additional information as required)

Form of Access

(please tick box)

I wish to examine the information I require a copy of the information

(In some instances a summary only may be given)

Application Fee: \$30.00

Method of Payment Cash Cheque Money Order Other

(Tick method of payment and make cheques payable to RTM),

Mailing Address: GPO Box 2520, DARWIN NT 0801

Processing Fees/Waiver or Reduction of Fees

Fees will be incurred in accordance with the attached schedule for the processing of the application. If you wish to apply for a reduction or waiver of processing fees a separate application must be completed and lodged at the same time as the application for access.

I attach an Application to Waive/Reduce Fees form: YES NO

Identification

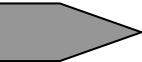
Under Section 18 of the Act the Public Sector Organisation must be satisfied as to your identity before it accepts your application. The Department Planning and Infrastructure will accept the following forms of identification; Drivers Licence, Passport or some other card or document that identifies who you are. A copy of your ID will be kept on file for three months after the file is closed.

If you are lodging your application by post, facsimile or e-mail an authenticated copy of your identification must be supplied either by a Commissioner of Oaths, member of the Police Force, Registered Nurse, or a person who has known you for five years or more. You will be contacted if more information is required by the organisation to satisfy itself as to your identity.

Declaration

I (*Applicants Full Name*) _____ certify that all the information supplied by me concerning this application is complete and correct. I accept that the information provided by me in this application may also be disclosed to other persons and/or bodies where such disclosure is required by law.

Declared at _____ on _____ day of _____, _____
(Location) (Day) (Month) (Year)

SIGNATURE  _____ Date: _____

Notes: (Section 146)

1. A person providing false or misleading information or statements to a public sector organisation or the Commissioner is liable to a penalty of \$22,000 or 12 months imprisonment.
2. A person knowingly making a false or misleading statement or a material omission in a statement for the purpose of gaining access to another's personal information or another persons business, professional, commercial or financial affairs is liable to a penalty of \$11,000 or 6 months imprisonment.

Office Use Only:

Receipt No:	_____	Date:	_____
Reference / Request Number:	_____		
Date Application Lodged/Received:	_____		
Application Fee Received:	Yes / No	<i>(please circle)</i>	
Satisfied as to Identity of Applicant:	Yes / No	<i>(please circle)</i>	
Basis for Satisfaction of Identity:	_____		
Receiving Officer's Name: <i>(please print)</i>	_____		
Signature of Receiving Officer:	_____		