REQUEST FOR ACCESS TO DOCUMENTS

under the Freedom of Information Act 1982



For applications received by Council from 1 July 2023 upto 30 June 2024

Lodgement	and	Contact -	You may	submit.	this	form

In person 1230 Nepean Highway, Cheltenham VIC 3194

By post The FOI Officer, Kingston City Council, PO Box 1000, Mentone, VIC 3194

Via email: info@kingston.vic.gov.au

For enquiries and assistance

Call 1300 653 356 (ask for Freedom of Information Officer)
Web kingston.vic.gov.au/Contact-Us/Freedom-of-Information

Collection and use of your personal information

Applicant details and contact information

Information you provide will be used by Council to process your request under section 17 of the Freedom of Information Act 1982 (FOI Act) for access to documents held by Council and for directly related purposes. Council may disclose this information if required by law. You request may be transferred to another agency if it is more appropriate for them to handle your request. Failure to provide information may mean that Council is unable to process your request. Council is required by the FOI Act to assist you to make a valid request and will contact you in order to do so. You may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer. Our Information Privacy Policy is available at kingston.vic.gov.au/Contact-Us/Privacy.

You may be asked to provide evidence of your identity to process your request. Title ______ First Name _____ Surname _____ Organisation (if applicable) Email address Contact telephone _____ Street/PO Box Address ______ State/Territory ______ Postcode _____ Applicant's representative (if applicable) If a representative such as a parent, guardian, lawyer or other person is acting on behalf of the applicant please provide details. Title ______ First Name _____ Surname _____ Relationship to applicant _____ Organisation (if applicable) Email address ___ Contact telephone _____ Street/PO Box Address ______ State/Territory ______ Postcode __ Suburb ___

Authority to Act (if applicable)

Applicant

Please complete this section if a representative is assisting you with your request.

I permit and authorise my representative to act on my behalf	f and have access to all information concerning my request.				
Name	Name				
Signature	Signature				
Date	Date				
Witness	Witness				
Name	Name				
Signature	Signature				
Documents you are requesting access to You must provide sufficient information for Council staff to precise in describing the documents you are seeking and it assists in identifying the documents may include:	nclude as much information as possible. Information that				
	Subject matter (for example, a particular Council service or project, or a complaint you made);				
• The type(s) of document(s) you seek (for example, an email, report, or letter).					
 Where the document(s) might be located (for example, in a particular email account, with a specific person, or held by a Council department); 					
Describe the documents you seek access to here. You may attach additional pages or documents if necessary.					
Please include the date range in which the document(s) may					
Dated from (DD/MM/YYYY)	Dated to (DD/MM/YYYY)				

Representative

Additional Information (optional) - please attach further pages if required.

You may choose to provide background information to assist Council in processing your request. Although you are under no obligation to disclose the reason for your request, it may assist staff to identify the relevant documents or to identify other ways you may access the document(s) outside of the FOI Act.

The application fee for this request is \$31.80. This request must be accompanied by the payment. The application fee may be waived if payment would cause you hardship. Submit a copy of the applicant's valid Health Care or Pensioner Concession card with this form as evidence of hardship. ☐ I authorise Kingston City Council to take payment of \$31.80 from the following card. Card Type Uisa Mastercard Expiry date Card Number _____ ______ Signature _____ Cardholder name: ____ Or − ☐ Cheque enclosed Or - \square Please waive the application fee due to hardship. Copy of valid Health Care or Pension Card enclosed **Access Charges** You may be required to pay access charges before access is provided. If estimated charges exceed \$50.00 you may be required to pay a deposit. Access charges are: • Search Time: \$23.85 per hour or part of an hour. • Inspection of documents: \$23.85 per hour (calculated per quarter hour). • A4 Black and white photocopies: 20 cents per copy. **Edited Copies** The document(s) you seek may contain exempt or irrelevant information. Under section 25 of the FOI Act, Council can provide edited copies of document(s) with exempt or irrelevant information removed. Council is only required to do this if it is practicable to edit the documents and if you agree to accept an edited copy of the document(s). If you do not agree, Council may refuse access to it in full, even if there is some information that could be released to you. I agree to access to documents with exempt or irrelevant information removed. **Duplicates and drafts** Your request may be processed more quickly by excluding duplicate or draft documents or information as this may reduce the number of documents to be assessed. I want to receive draft documents ☐ Yes ☐ No I want to receive duplicate documents ☐ Yes ☐ No Information affecting personal privacy and business affairs Under the FOI Act 1982, Council must contact and seek the view of all individuals whose identity, address or location is contained within the documents sought, or from which the personal affairs information can reasonably be determined. Council must also consult with businesses and government agencies that may have provided information. Additional processing time will be taken to do this. Please indicate whether you require: Personal information relating to employees of Kingston City Council ☐ Yes ☐ No Personal information relating to contractors of Kingston City Council ☐ Yes ☐ No Personal information relating to external parties/ members of the public ☐ Yes ☐ No Commercial information ☐ Yes ☐ No Parties consulted with often request the identity of the FOI applicant. Council will only disclose this with the applicant's consent. I agree to my name released to the parties consulted with _____ ☐ Yes ☐ No How would you like to access the documents? Please indicate your preferred option to access the documents. Council will try to accommodate your request if the decision is to provide access. ☐ Electronic copies sent by email ☐ Copies sent by mail

☐ I would like to inspect the documents at Council (applicant/s only)

Payment of application fee