

APPLICATION FOR INFORMATION FORM

Please read attached guidelines before completing this form

Customer Request No: _____ (office use only)

1. Applicant Contact Details

You are required to supply your name and address for correspondence. Additional contact details will help us to deal with your application, and to correspond with you in the manner you prefer. If you are applying on behalf of another person, please complete this section with your details.

Nb: This application form is open access information and can be accessed by others, however your personal identifying details will be removed from the form before being accessed by others.

Title (e.g Mr, Mrs, Ms, Miss, Dr)

Given Name/s

Family Name

Organisation / Company Name (complete if you are making this application on behalf of an organisation or company)

Postal address

Preferred method of contact (tick one option then fill out related field below. Please include area code where appropriate.)

Phone Fax Mobile Email Post

Phone:

Mob:

Email:

Fax:

Further Information

In addition to the 'Guide for Applicants' which is attached to this application, more detailed information is available from Council's Customer Service Centre or via Council's web site at www.sutherland.nsw.gov.au

Application Details

Applicants need to provide sufficient information to enable the correct document/s to be identified. In addition, could you please advise why you would like to look at this information as this will assist in identifying the information you require. Council is obliged to consider Public Interest when determining the release/ non release of document(s). The information provided by you will assist council in fulfilling its obligation

2. Property Details

If you are applying for access to information held by Council on a particular property or development please specify the details here

Street Address

Lot Number

DP or SP Number

Development Application Number (if applicable)

Description of Development (if applicable)

3. Subject Details

a. The subject matter of the information you are seeking

.....
.....
.....

b. The type of information you are seeking

Please tick the types of information you are seeking or provide further details

Development Application Consent	<input type="checkbox"/>	Planners Report	<input type="checkbox"/>	Application Form	<input type="checkbox"/>
Building Application Consent	<input type="checkbox"/>	Building Certificate	<input type="checkbox"/>	Occupation Certificate	<input type="checkbox"/>
Objection letter(s) to Development Application	<input type="checkbox"/>			DA, BA or CC Plans	<input type="checkbox"/>
Other Documents	<input type="checkbox"/>	<input type="text"/>			

c. The time period / date range you would like us to search within (e.g September 2008 – June 2009)

<input type="text"/>

d. Reason Information Requested

.....

e. Third Party Consultation – Council may need to consult with other parties about the release of the information that you have requested. Do you object to your name only being released to these parties?

- No, I have no objection to the release of my name only. Yes, I object to the release of my name.

4. Permissions and signatures required.

A. Are you seeking access to information on someone's behalf?

No

Yes →

Given Names

Family Name

<input type="text"/>

<input type="text"/>

Please attach **proof of your authorisation to act on the person's behalf**, such as legal documentation in support of your authority (for example: a client agreement if you are a solicitor) or written authorisation from the person concerned.

B. Evidence of identity – see attached guidelines

Note: Documents that provide sufficient evidence of identity include:

- * Current Driver's licence issued in a State or Territory of Australia
- * Identifying page of a current passport
- * Birth Certificate
- * Statutory declaration of an individual who has known the applicant for at least one year

Evidence of Identity sighted - Sighting Officers Name and Initials _____

C. Copyright Owner’s Consent – required when requesting copies of documents subject to copyright laws

Copyright Owner’s consent is required for requests for copies of Plans, Copies of Consultant reports and Copies of Building Certificates (Please note this list is not definitive)

Copyright Owner’s Consent

Name Signature Date

D. Applicants Declaration

I declare that:

- * The information provided in this form is complete and correct
- * I have read the privacy notice (above) and associated guidelines (attached)
- * Where applicable, I have attached documents required for the purpose of this application
- * In the event I cannot attach any required copies of documents, I will provide them to Council within 5 **business days** of making this application
- * I understand that I must seek the Copyright Owner’s consent in order to use any part of a copyright document for any other purpose.
- * I have included the relevant application fee (see Note 5 - fees and charges)

I understand that it is an offence to give misleading information about my identity, and that doing so may result in a decision to refuse to process my application

Applicants Signature

Name Signature Date
_____/_____/_____

5. Fees & Charges – Only a formal application has an application fee.

(please see attached guidelines for further information on the types of information that require a formal application).

Photocopying fees apply to all applications.

Fee for formal application \$30 and \$30 per hour for processing

All applications require the lodgement of this form.

Privacy Notice: In making this application, you are providing personal information such as name and contact details. This information will be used for the purpose of assessing your application and ensuring we are able to remain in contact with you regarding the status of your application. Your personal information will be accessed by persons who have been authorised to do so, including the decision maker for your application. Your personal information will be handled in accordance with the *Privacy and Personal Information Act, 1998*.

OFFICE USE ONLY

Category of Information Requested: Open Proactive Informal Formal GIPA Application

Receiving Officer _____ Date: _____

FEES: Amount: _____ Receipt No: _____

Copy of form with CRMS number provided to customer

PROCESSING CHECKLIST: (PLEASE NOTE ALL ACTION/CONTACT AND CORRESPONDENCE IS TO BE RECORDED ON CRMS)