

## INGLEWOOD & DISTRICTS HEALTH SERVICE

### FREEDOM OF INFORMATION REQUEST

This form must be accompanied by:-

- the current application fee which is available from [www.foi.vic.gov.au/home/costs](http://www.foi.vic.gov.au/home/costs)

OR

- evidence of financial hardship
- e.g. photocopy of a current Health Care Card
- evidence that you are in receipt of any Government benefit

<b>YOUR FULL</b>	<b>MR MISS CHRISTIAN OR GIVEN NAME(S)</b> <b>MRS MS</b>
<b>NAME</b>	<b>SURNAME</b>
<b>IF YOU ARE MAKING THIS REQUEST ON BEHALF OF AN ORGANISATION</b>	<b>NAME OF ORGANISATION/BUSINESS</b>
<b>YOUR POSTAL ADDRESS</b>	<b>NO. STREET</b>
<b>SUBURB OR TOWN</b>	<b>POSTCODE</b>
<b>YOUR DATE OF BIRTH</b>	<b>DAY MONTH YEAR</b>
<b>TELEPHONE NO.</b>	



### FREEDOM OF INFORMATION REQUEST FORM

<b>PLEASE DESCRIBE THE INFORMATION BEING REQUESTED:</b>

I want to see the original of the document(s)	Yes	No
I want a copy of the document(s)	Yes	No
I understand that charges will be made in respect of this request and that I will be supplied with a statement of charges if appropriate.		
.....	.....	
<b>Signature</b>	<b>Date</b>	
.....		
<b>Name (Please print)</b>		