



Request Form Public Access to Information (PATI)

Details of Requester:

Surname (Family name):		First Name:		
Postal Address: Incl post code		Email Address:		
Contact telephone number:		Cell:		
Information Requested:	Please include any information that will assist the Authority in finding and retrieving the information you are seeking:			
Preferred media or format:	Electronic (via e-mail) <input type="checkbox"/>	Photocopy/Hard copy <input type="checkbox"/>	CD/DVD/Audio <input type="checkbox"/>	Other <input type="checkbox"/>
Additional Request I would like to:	Inspect <input type="checkbox"/>	View <input type="checkbox"/>	Listen <input type="checkbox"/>	Other <input type="checkbox"/>

Signature of requestor _____

Date request made ___dd/mm/yyyy___

Official Use Only:

Information Officer Received Request:		Date:	
Department Information held with:		Date Notified:	
Notification Sent to Requester:		Date:	
Identity Verification: ID	Yes	Type:	
Personal Information Review/Request:		Yes	No
PATI Request - Reference Number: _____			