

# **REQUEST** FOR PERSONAL INFORMATION

# UNDER THE INFORMATION ACT (NT) 2002

APPLICANT DETAILS			
Preferred Title: 🗌 Mr	Mrs Miss	Ms Other	
Name:			
Surname:			
Telephone:	Mobile:		Facsimile:
Email:			
Address:			

#### Suburb:

**Privacy:** The Information Act (The Act) requires you to supply your name and an address for correspondence. Additional contact details will assist the City of Palmerston to deal with your application. Personal information supplied in the course of an application may be used or disclosed in order to deal with the application and any review or complaint arising from the application.

#### **INFORMATION REQUEST**

I would like to access the following information: (Please provide sufficient details for the information you are requesting to access so that the Council will be able to identify the information – eg. dates, location, subject matter etc. If insufficient space, please attach a separate sheet of paper). See Note 3 – Processing your application and Note 4 – Decisions in relation to your application.

(Please tick) I want to inspect the document(s)

□ I want a copy of the document(s)

#### **FEES AND CHARGES**

No application fee applies to requests for personal information. However, where you wish to examine your personal information, the first two hours are free and thereafter a fee of \$25 per hour, or part thereof, may apply. There may also be processing fees if equipment or facilities are required to be hired to enable you to access your information. (*Fees may be waived or reduced under certain circumstances*).

## DECLARATION

I understand that before I obtain access to information I may be required to pay processing fees equal to the total cost of the services and material that are provided in response to this application and that I will be supplied with a statement of charges if appropriate. I certify that the information supplied by me concerning this application is complete and true to the best of my knowledge.

Signature:

Date:



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# NOTES FOR PERSONAL INFORMATION FORM

#### 1. Identification

You will be asked to show identification when lodging this application. If posting your application, please attach a photocopy of your driver's licence, passport or another form of approved identification documentation. This is to ensure that the Council is satisfied as to your identity.

## 2. Where to lodge this application

This application can be lodged at the City of Palmerston, 1<sup>st</sup> Floor, Civic Centre Building, 1 Chung Wah Terrace, Palmerston or posted to: Director Corporate and Community Services, City of Palmerston, PO Box 1, Palmerston, NT, 0831.

#### 3. Processing your application

- The Council will respond in writing to your request within 30 days of receiving your application
- Should it be necessary to view records you will be contacted regarding a suitable time & venue.
- If aggrieved by the decision, you may apply for an internal review to which the Council has 30 days to respond. If unsatisfied with the review outcome you may lodge a complaint with the Information Commissioner within 90 days (s.106 (3) (a) of the Act).

#### 4. Decisions in relation to applications

The response to this application could inform you that the Council will:

- provide access in whole or part
- provide edited copies of the information
- defer access
- refuse access because the information is exempt under the Act
- refuse access because providing access would unreasonably interfere with the operations of the Council; and
- require more time to make a decision. (Refer to sections 21-30 of The Act)

# **EXEMPTIONS**

The Council is not required to provide access to personal information classified as exempt under the schedule (Information Privacy Principle 6) of *The Act*.

#### ASSISTANCE

If you need help to complete this application form please contact the Director Corporate and Community Services, City of Palmerston, PO Box 1 Palmerston NT 0831, Phone: (08) 8935 9922, Facsimile: (08) 8935 9900 or Email: palmerston@palmerston.nt.gov.au

## **OFFICE USE ONLY**

Reference No:

Application Receipt Date:

Satisfied as to Identity of Applicant:

Receiving Officer's Name: (please print)

Signature of Receiving Officer:

 $\square$  YES  $\square$  NO (please tick)