Freedom of Information Request Form

Applicant details								
Date:								
Surname:				Name:				
Company name (if applicable)								
Address:								
Suburb:				Postcode:				
Email:								
Mobile:								
Signature:				Date:				
Description of	documen	ts you wan	t to access					
Access type:								
Please indicate	the type(s) of	access require	d:					
□ I want a copy	☐ I want a copy of the documents ☐ I want to inspect the documents							
help us quickly	identify the red	quested docum	nt(s). (Please prov nent(s), including dditional pages to	any ESV refere				
Date range of o	documents:	Start date		End date				
J								





3 = 1 · ·····,						
Date of Incident (if known)						
Location of incident (if known)						
Authority to release documents to repre	esentative (optional)					
If this application includes documents contacting the personal information of another person and you are a representative of that person, please ensure the person you are representing completes this Authority.						
I, (Name of person whose information is requested)) of (Address)					
hereby authorise (Representative name)	of (Representative contact address)					
to receive any released documents relevant to this Freedom of Information Act request on my behalf.						

Date

Notes

Please sign

Privacy collection statement

Name of attending ESV officer (if known)

Personal information provided by you on this form will be used for the purpose of processing and assessing your request. We will not use your personal information for any other purpose and will not disclose it without your consent except if required to consult third-parties as explained below or if required and authorised by law. Where information is required for statistical reporting purposes, all identifying details will be removed.

Consultation with third parties

In the event that third party consultation is necessary to process this request, ESV may disclose your identity to third parties who are being consulted and, if requested, a copy of your FOI request.

Third-parties that are consulted for FOI purposes are generally people or businesses that have provided ESV with documents that are relevant to your FOI request who are entitled under the FOI legislation to make submissions to ESV regarding the release of the documents they have provided to ESV.

Waiver of Application fee

ESV will waive the application fee if you attach a *copy* of a *current* health care card or pension card.

Access charges

ESV may impose access charges for time spent in routine searches for documents, providing access by way of supervised inspection, photocopying costs and costs incurred in making a transcript or producing a written document from an electronically stored source (where it does not already exist in written form). Generally ESV does not impose access charges unless the documents requested are voluminous. ESV will give you an estimate of access charges if charges are to be imposed.

Note: Your application will not be processed until payment of the application fee is received or waived. See below for payment options

Energy Safe Victoria

Energy Safe Victoria

ABN: 27 462 247 657

Freedom of Information Request Payment form This form must accompany any mailed applications or requests that require payment.

FOI Application fee: 2023-2024

Please refer to ESV's website for our Privacy

Statement: www.esv.vic.gov.au

\$31.80

			7-1			
Pay	er details					
You	must provide contact details ir	n the event that ESV ne	eds to contact you.			
Nan	ne:					
app	npany name (if licable) lress:					
Sub	ourb:		Postcode:			
Ema	ail:					
Mol	pile:					
	e tick payment option: Credit card eipt required: Yes	No	Electronic transfe	er		
Crec	lit card details	Please note we do r	not accept Diners and A	merican Express		
	Master card □ Visa					
Card	d No:			\$31.80		
	iry date I/YY)	Name on ca	ard:			
I autl	norise Energy Safe Victoria to	debit my credit or debit	card with the amount	shown above.		
Sigr	nature of card holder					
Di	rect Deposit/EFT details					
Energy Safe Victoria BSB:#063-165 Account #: 10315249 Please include in the transaction description – 'FOI" and your surname		Payment date:	the FOI Application f	Please attach a copy of your payment receipt with the FOI Application form or alternatively, forward a copy of your payment receipt to: accountsreceivable@energysafe.vic.gov.au		
-						
Office use only Received on:		ESV Reference No:	Lodgment re	Lodgment receipt:		
	Order No:	Date Processed:	Processed B	Processed By:		

PO Box 262

T: (03) 9203 9700

Collins Street West Vic 8007