Freedom of Information Request Form

Applicant deta	nils				
Date:					
Surname:				First Name:	
Company name (if applicable)					
Address:					
Suburb/Town:				Postcode:	
Email:					
Mobile:					
Signature:				Date:	
Description of	documen	ts you waı	nt to access		
Access type:					
Please indicate	the type(s) of	access requir	ed:		
□ I want a copy	of the docum	ents		I want to insp	ect the documents
help us quickly i	identify the re	quested docui	ent(s). (Please pro ment(s), including additional pages t	any ESV refer	
Date range of c	documents:	Start date		End date	





Date of Incident (if known) Location of incident (if known)				
Authority to release documents to repres	entative (optional)			
If this application includes documents containing the per are a representative of that person, please ensure the p 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 Fi	reedom of Information Act request on my behalf.			
Please sign	Date			

Notes

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 or 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 FOI legislation to make submissions to ESV regarding the release of those documents.

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

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

Statement: www.esv.vic.gov.au

\$31.80

Payer details								
You must provide con	tact details in t	he event t	that ESV ne	eds to co	ontact you.			
Name:								
Company name (if applicable) Address:								
Address.								
Suburb/Town:					Postcode:			
Email:								
Mobile:								
Please tick payment option ☐ Credit card Receipt required: ☐ Y		0		Elec	tronic transfe	-		
Credit card details					4 Dinama and Am			
		Please	note we do	пот ассері	t Diners and An	пепсап Ехрге	ess	
□ Mastercard □ Vi	sa							
Card No:							\$31.80	
Expiry date (MM/YY)			Name on c	ard:				
I authorise Energy Sat	e Victoria to de	ebit my cre	edit or debit	card with	n the amount s	shown above	е.	
Signature of card holde	er					Date		
Direct Deposit/El	T details							
Energy Safe Victoria BSB:#063-165 Account #: 10315249 Please include in the transa 'FOI" and your surname	ction description –	Payme	ent date:	the FC		orm or alterna t receipt to:	nent receipt with tively, forward a <u>ic.gov.au</u>	
Office use only Received on:		ESV Referer	nce No:		Lodgment re	ceipt:		
Order No:	:		Date Processed:		Processed By:			
Energy Safe Victoria		PO Box 262			Please refer t	Please refer to ESV's website for our Privacy		

Collins Street West Vic 8007

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