

Freedom of Information Request Form

Applicant details

Date:			
Surname:		Name:	
Company name (if applicable)			
Address:			
Suburb:		Postcode:	
Email:			
Mobile:			
Signature:		Date:	

Description of documents you want to access

Access type:

Please indicate the type(s) of access required:

I want a copy of the documents

I want to inspect the documents

I would like to access the following document(s). (Please provide as much detail as you can to help us quickly identify the requested document(s), including any ESV reference numbers if known. If insufficient space, space, please attach additional pages to the application).

Date range of documents: Start date End date

Name of attending ESV officer (if known)

Date of Incident (if known)

Location of incident (if known)

Authority to release documents to representative (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)

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hereby authorise (Representative name) of (Representative contact address)

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to receive any released documents relevant to this Freedom of Information Act request on my behalf.

<i>Please sign</i>	<i>Date</i>
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Notes

Privacy collection statement

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

Freedom of Information Request Payment form

This form must accompany any mailed applications or requests that require payment.

FOI Application fee: 2021-2022 \$30.10

Payer details

You **must** provide contact details in the event that ESV needs to contact you.

Name:			
Company name (if applicable)			
Address:			
Suburb:		Postcode:	
Email:			
Mobile:			

Please tick payment option:

Credit card

Electronic transfer

Receipt required: Yes

No

Credit card details

Please note we do not accept Diners and American Express

Master card Visa

Card No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$30.10
Expiry date (MM/YY)	<input type="text"/>				Name on card	<input type="text"/>											

I authorise Energy Safe Victoria to debit my credit or debit card with the amount shown above.

Signature of card holder Date

Direct Deposit/EFT details

Energy Safe Victoria

BSB:#063-165

Account #: 10315249

Please include in the transaction description – 'FOI' and your surname

Payment date:

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 receipt:
Order No:	Date Processed:	Processed By:
Energy Safe Victoria ABN: 27 462 247 657	PO Box 262 Collins Street West Vic 8007 T: (03) 9203 9700	Please refer to ESV's website for our Privacy Statement: www.esv.vic.gov.au