



REQUEST FORM
Health Records & Information Privacy
Act 2002 and Privacy & Personal
Information Protection Act 1998

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THIS FORM IS TO BE USED FOR ACCESS AND/OR DISCLOSURE OF DOCUMENTS HELD BY THE COUNCIL WITHIN FILES OR STORED ELECTRONICALLY ON COUNCIL'S RECORDS MANAGEMENT SYSTEM

APPLICANT'S DETAILS

Surname _____ Given Names _____

Title (Mr/Mrs/Ms) _____

Postal Address _____

Postcode _____

Telephone Number (H) _____ (W) _____ (M) _____

Fax Number _____ E-mail _____

IS THE INFORMATION ABOUT YOUR PERSONAL INFORMATION? YES / NO (Tick box)

I REQUIRE ACCESS TO THE FOLLOWING INFORMATION:

DOCUMENT INSPECTION / DELIVERY DETAILS

I wish to inspect at files at Council's Administration Building: YES / NO (Tick box)

Please forward by Mail / Fax / E-mail (Tick box)

COPYING CHARGES

Copy charges may apply in accordance with Council's adopted fees and charges.
Please ask staff for further details.

Copyright Owner's Name _____

Signature of Applicant _____ Date _____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

Purpose of collection: Public access to Council's documents.

Intended recipients: Council staff and is publicly available under the Government Information Public Access Act 2009.

Supply: Voluntary, a consequence of non provision is that insufficient information will be provided.

Access / Correction: Requests for access / correction of information under the Government Information (Public Access) Act 2009 or Privacy & Personal Information Protection Act 1998, contact the Council's Public Officer.

Storage: This form will be placed on a relevant file and/or will be saved on Councils main records management system (TRIM) when the request has been processed and the enquiry is completed.