

## Internal Review Application Government Information (Public Access) Act 2009 (GIPA)

Please complete this form to apply for an informal release of information under the *Government Information (Public Access) Act 2009 (GIPA Act)*. The Aboriginal Housing Office reserves the right to ask you to lodge a formal access application if the work involved exceeds our 2 hour limit of processing time.

If you need help in filling out this form, please contact the Right to Information Officer on (02) 8836 9444 or visit our website at <a href="https://www.aho.nsw.gov.au">www.aho.nsw.gov.au</a>.

Please mark relevant boxes with a  $\square$ . If you need more room to answer any questions, please include details on a separate page and attach it to this form.

1.	Your details		
	Surname:		<b>Title</b> : Mr / Ms
	Given names:		
	Postal address:		Postcode:
	Day-time telephone	t:	Facsimile:
2.	Decision details		
	Decision to be review	ed	
	Date of decision		
	File reference		
	4		
3.	<b>Internal Review Ap</b>	plication Fee	
	Housing NSW order only.  An applicant long Review is entited to the control of th	be made payable to by cheque or money odging an Internal cled to a 50% are Internal Review at the applicant	<ul> <li>□ Are a holder of a Pensioner Concession Card or Health Care Card</li> <li>□ A full-time student</li> <li>□ Are a non-profit organisation (including a person applying for or on behalf of a non-profit organisation)</li> </ul>

Authorising a person/agenc	
Authorising a person, agenc	y to act on your behalf
Complete this section <b>ONLY</b> if y	ou are authorising someone to act on your behalf
Name of person/agency actin	ng on your behalf:
Address of person/agency ac	cting on your behalf:
The state of the s	f person/agency acting on your behalf:
I authorise the persons/agencies concerning my Informal Reques	s named on this form to act on my behalf in matters to for Information application.
The Committee of the Co	ind and stop my consent at any time by writing or telling the sthere is a current legal order in place.
Full Name (please print)	
Signature	
9 %	
Date	
Signature	
Full Name (please print)	
	a a contract of the contract o
	*
Applicant's Signature	
Applicant's Signature	
Applicant's Signature  Date	
Date	
Date	Diabt to Tufousation Unit
Date  Lodging your application  Please lodge this request at local Aboriginal Housing Office	ce or Right to Information Unit Aboriginal Housing Office
Date  Lodging your application  Please lodge this request at local Aboriginal Housing Office	Right to Information Unit Aboriginal Housing Office Post Office Box W5 Westfield
Lodging your application  Please lodge this request at local Aboriginal Housing Offic you may send it to:	Right to Information Unit Aboriginal Housing Office Post Office Box W5 Westfield Parramatta NSW 2150
Date  Lodging your application  Please lodge this request at local Aboriginal Housing Office you may send it to:  eneral information about the GIPA A	Right to Information Unit Aboriginal Housing Office Post Office Box W5 Westfield
Lodging your application  Please lodge this request at local Aboriginal Housing Office you may send it to:  eneral information about the GIPA A	Right to Information Unit Aboriginal Housing Office Post Office Box W5 Westfield Parramatta NSW 2150  Act is available by calling the Office of the Information