

**DOCUMENT ACCESS REQUEST**

Under (Section 12(6) Local Government Act, 1993)

**Applicant Details**

Surname ..... Given Name ..... Title (Mr/s) .....

Postal Address .....

..... Postcode.....

Telephone Number(s) (H).....(W).....

Fax Number.....

**Documents Requested** (Council file reference and/or property description if known)

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.....  
.....

I wish to inspect the document(s)

I require a copy of the document(s)

I require access in another form

specify .....

**Office Use Only**

**Copying Charges**

Applicant advised of estimated copying charges of \$ .....yes  not applicable

**Document Delivery/Collection Details**

Collect from Council  (Council to contact by telephone when ready).....

Forward by mail/fax  (with account if applicable)

Other (please specify)

.....  
.....

Accepted by:..... Date: .....

Notes:

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