

**DEPARTMENT OF DISABILITY, HOUSING AND COMMUNITY SERVICES
REQUEST UNDER THE A.C.T. FREEDOM OF INFORMATION (FOI) ACT 1989**



To: Chief Executive
Department of Disability, Housing and Community Services
GPO Box 158
CANBERRA ACT 2601
Ph: 02 6205 0274 or **Fax: 02 6205 0343**

From: Mr/Mrs/Ms/other (eg Company)

Address:

Telephone: (home): _____

(work): _____

(postcode): _____

I would like to access the following documents located within the following areas within the Department of Disability, Housing and Community Services:

[Please tick areas you require information from]

- | | |
|--|--|
| <input type="checkbox"/> Office for Children, Youth and Family Support | <input type="checkbox"/> Ageing |
| <input type="checkbox"/> Disability ACT | <input type="checkbox"/> Women |
| <input type="checkbox"/> Child and Family Centres | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Children and Young People |
| <input type="checkbox"/> Aboriginal, Torres Strait Islanders | <input type="checkbox"/> Multicultural |

DOCUMENTS SOUGHT:

I would like access to :

(if insufficient space please attach separate sheet of paper)

- I would like
- a copy of these documents sent to the above address
 - to inspect these documents

I seek remission of any charges imposed pursuant to section 29 on the grounds of:

Financial hardship Public interest Personal affairs Any other grounds

Please describe your reasons for requesting remission: _____

(if insufficient space please attach separate sheet of paper)

Would you have an objection to the Department consulting with a person whose information may appear in a document relevant to your request. **YES** or **NO**

Would you like your records provided under the Health Records (Privacy and Access) Act 1997 **YES** or **NO**

Please sign here: _____ Date: _____