

APPLICATION FOR AMENDMENT OF PERSONAL RECORDS PRIVACY & PERSONAL INFORMATION PROTECTION ACT 1998

1 APPLICANT'S CONTACT DETAILS		
Family name:		
Given name(s):		
Postal Address in Australia:		
Telephone: Home: ()		
Right to Information Application Reference Number:		
2 DETAILS OF APPLI	CATION	
In accordance with Section of personal records held by	15 of the Privacy & Personal Information Protection Act, I seek amendment Community Services.	
I claim that the document(s)	described below, contain(s) my personal information that is:	
Please tick appropriate section	☐ Incorrect ☐ Incomplete ☐ Out of Date ☐ Misleading ☐ Not relevant to the purpose for which it was collected	
	s):	
	s changing is:	
The reason I claim the infor	mation is incomplete, incorrect, out of date, misleading or not relevant is:	

2 DETAILS OF APPLICATION (continued)	s.40
The information should be amended to say the following:	
	•••••
(If there is insufficient space on this form, please attach separate sheets)	•••••
I have attached the following documents to support my claim:	•••••
	•••••
(Please indicate whether you want us to return any or all of your documents)	
3 FEES & CHARGES	
There are no fees or charges for the lodgment or processing of this application. If, after a decithis application, Community Services makes significant corrections to your personal records a mistakes were not yours, all fees and charges paid for the original Right to Information application where applicable an internal review, will be fully refunded.	and the
4 HOW TO CONTACT US	
If you have any questions about how to complete this application form, please ring the Right to Information Unit on 9716 2662.	
5 ADDRESS FOR APPLICATION	
Right to Information Unit Community Services Locked Bag 4028 ASHFIELD NSW 2131	
6 APPLICANT'S SIGNATURE	
Signature: Date:/	