



Right to Information Act 2009

Application for Assessed Disclosure – Administrative Information

Applicant's Details:

Name:	<input type="text"/>	Title:	<input type="text"/>
Date of Birth (optional)	<input type="text"/>		
Postal Address:	<input type="text"/>		
	POSTCODE: <input type="text"/>		

Daytime contact information:

Telephone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Business	Home	Mobile
Email:	<input type="text"/>		

General topic of information applied for:

(one sentence summary of information requested)

Description of efforts made prior to this application to obtain this information:

e.g. have you looked at our website?

Application Fee or Application to Waive the Fee:

Application fee included (please tick)

(cheque or money order payable to LPBT for \$46.75 (fee current as at 1 July 2024))

Office Use: Fee Received and Received:

YES/NO

OR

Application for waiver: (please indicate category)	Member of Parliament, in relation to official business		Financial Hardship (eg holder of a Commonwealth Health Care Card)		General public interest or benefit (you will need to show that you intend to use the information for this purpose)	
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Reason Application fee should be waived:

(If there is insufficient room in the space provided please attach further details.)

Details of the Information sought:

(If there is insufficient room in the space provided please attach further details.)

Applicants Signature:

Date: