

Freedom of Information Request Form

Send this form direct to the Disability Services Commissioner together with the application fee.

FREEDOM OF INFORMATION REQUEST

Date: _____

Surname: _____

First Name(s): _____

Address: _____

Postcode: _____

Phone contact no. (Home): _____

(Business): _____

I would like access to the following document(s):

Indicate whether you would like to inspect the documents and/or obtain a copy of the documents:

I want a copy of the document(s)

I want to inspect the document(s)