

FORMAL REQUEST FOR ACCESS TO INFORMATION

SECTION 41 GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

See also Council's factsheet "How to Access Information held by Council"

APPLICANT DETAILS

First name Surname

Street number Street name

Suburb State Postcode

Phone number Email address

Do you have special needs for assistance with this application? Yes No

If yes, provide details of how we could assist.

APPLICATION DETAILS

Please give as much detail as possible to help us identify the information you want to access.

NOTE: If you do not give enough details about the information, Council may refuse to process your application, however Council will endeavour to assist in defining the request to a more manageable one.

Date range of the information required Start date End date

Are you seeking personal information? Yes No

The provision of personal information is subject to satisfactory proof of identity being provided if information is made available

FORM OF ACCESS

The provision of information is also subject to copyright restrictions; under no circumstances will Council reproduce or copy information that is Copyright protected. You will be notified if these restrictions prevent the copying of the information that is sought.

How do you wish to access the information? Inspect the information
 A copy of the information

DISCLOSURE LOG

If the information sought is released to you and would be of interest to other members of the public, details about your application may be recorded in the agency's 'disclosure log'. This is published on **Council's website**.

Do you object to this? Yes No

CREDIT CARD AUTHORISATION FORM

PURPOSE OF PAYMENT

CONTACT DETAILS

First name

Surname

Street number

Street name

Suburb

Postcode

Phone number

Email address

CREDIT CARD DETAILS

Cardholder signature is required before processing

I would like to pay by: Mastercard Visa

A receipt can be issued upon request. Cardholder signature is required before processing.

Card number

Cardholder name

Expiry date

Cardholder signature

Date

Amount

OFFICE USE ONLY

Receipt No.

Date

CONTACT US

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