APPLICATION FOR INTERNAL REVIEW

(FREEDOM OF INFORMATION ACT – SECTION 29 & 38)

A FEE MUST ACCOMPANY THIS APPLICATION
PROOF OF IDENTITY IS REQUIRED

- **Please use BLOCK letters**
- **If you need help, ask our staff**

DETAILS OF PERSON APPLYING FOR INTERNAL REVIEW

Name: *(Mr, Mrs, Miss, Ms)* ..... D.O.B: ..../..../....
Family Name *Given Name(s)*

Residential Address: ..... Postcode: .....

Telephone: *(Home)* ..... *(Work)* ..... *(Mobile)* ..... Facsimile: .....

COMPLETE THIS SECTION TO HAVE YOUR CORRESPONDENCE FORWARDED TO ANOTHER PERSON

Company and contact name: .....

Company Address: ..... Postcode: .....

Telephone: ..... Facsimile: .....

REQUEST FOR REVIEW

I wish to appeal against:

- ☐ The decision about my request for access
- ☐ The way in which I have been given access
- ☐ The fees charged
- ☐ Other - Specify

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REASON FOR REVIEW

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FEES & CHARGES (Cheques are to be made payable to 'South Australia Police' or 'SA Police')

Attached is a cheque / cash for $ ..... being for the fee payable upon lodgement of this application.

I understand that I may be required to pay further processing charges and that I will be supplied with a statement of charges if appropriate.

If you wish to claim a reduction or waiver of fees, complete the following section and attach copies of supporting documents to this form (e.g. concession card)

I am requesting a ☐ reduction ☐ waiver in fees and charges

Specify reason(s) for claiming exemption .....

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NAME & SIGNATURE OF APPLICANT (Sign in presence of a member of SAPOL)

..../..../....
Family Name *Initials* *Signature* *Date*

SAPOL USE ONLY

* Proof of identity of applicant is required and signature must be witnessed by a member of SAPOL.

☐ * Drivers Licence No. ..... ☐ * Passport No. .....

☐ * Birth Certificate *(sighted)* ☐ * Other *(sighted)* .....

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STATION STAMP HERE

Amount Paid $ ..... Receipt No. .....

I hereby certify that I witnessed the applicant's signature and am satisfied as to the correctness of the identity of the applicant.

Name: ..... Rank: ..... ID: .....

Signature: ..... Date: ..../..../....

FAX: TO FREEDOM OF INFORMATION UNIT 7322 4180, AND
ORIGINAL: FORWARD TO FREEDOM OF INFORMATION UNIT (100)

Government of South Australia