



# APPLICATION FOR INTERNAL REVIEW

PD362

**(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)* ..... *(Family Name)* ..... *(Given Name/s)* ..... DOB: ..... / ..... / .....

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

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

## COMPLETE THIS SECTION TO HAVE YOUR CORRESPONDENCE FORWARDED TO ANOTHER PERSON

Company and contact name: .....

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

Telephone: ..... Fax: .....

## REQUEST FOR REVIEW

I wish to appeal against:

The decision about my request for access       The fees charged

The way in which I have been given access       Other - Specify

## REASON FOR REVIEW

.....

.....

.....

## 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:

.....

## 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)* .....



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 / Class: ..... ID: .....

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

**FAX: TO FREEDOM OF INFORMATION UNIT (08) 732 24180, AND  
ORIGINAL: FORWARD TO FREEDOM OF INFORMATION UNIT (100)**



Government of South Australia