APPLICATION FOR AMENDMENT OF PERSONAL RECORDS

(FREEDOM OF INFORMATION ACT - SECTION 31)

PROOF OF IDENTITY IS REQUIRED

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

DETAILS OF PERSON APPLYING FOR AMENDMENT OF PERSONAL RECORDS

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

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: .....

DETAILS OF REQUEST

In accordance with Section of the Freedom of Information Act, I seek amendment of personal records held by the South Australia Police. I claim that the document(s) described below relating to my personal affairs is/are:

☐ Incomplete ☐ Incorrect ☐ Out-of-date ☐ Misleading

If insufficient space, attach separate sheets and indicate the questions to which you are referring.
The document(s) containing the information is/are:

.....

.....

Describe exactly what information you want changed:

.....

.....

.....

State the reasons why you think this information is incomplete, incorrect, out of date or misleading:
Attach any documentation which would support your claim and indicate which documents should be returned to you.

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The record(s) should be amended to indicate the following:

.....

.....

.....

FEES & CHARGES

No fee or charges apply to the lodgement or processing of this application.

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

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

SAPOL USE ONLY

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

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

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

.....

STATION STAMP HERE

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

Name: ..... Signature: .....

Rank: ..... ID: ..... Date: ...../...../.....

FAX: TO FREEDOM OF INFORMATION UNIT 7322 4180, AND

ORIGINAL: FORWARD TO FREEDOM OF INFORMATION UNIT (100)

Government of South Australia