

FREEDOM OF INFORMATION

REQUEST FORM

The following form should be completed and lodged with the \$33.60 application fee* and if the information you require relates to you personally, a copy of suitable identification (eg driver's license, passport or healthcare card). Your application may be lodged in person at the Victorian Pharmacy Authority offices or by post or email.

* The application fee may be waived if you provide evidence of financial hardship such as a copy of a healthcare card/pension card.

FREEDOM OF INFORMATION REQUEST

Title (Mr, Ms, Mrs, Other): _____

Surname: _____ First Name(s) _____

Address: _____

Postcode: _____

Contact details:

Daytime: _____ Business: _____

Email: _____ Mobile: _____

Details of document required (or attach details of your request to this application)

Signature of applicant: _____

Please tick appropriate:

Your request may require the FOI Officer to contact a third person. Please indicate whether you wish to remain anonymous.

I wish to remain anonymous

☐

I wish to inspect the document

☐

I wish to obtain a copy of the document

☐

Victorian Pharmacy Authority

Level 2, 15-31 Pelham St, Carlton Vic 3053

Phone: 9653 1700

Website: www.pharmacy.vic.gov.au

E-mail: enquiries@pharmacy.vic.gov.au

For Payment by credit card for Freedom of Information request:

Name of applicant: _____

Contact Number:

VISA - MASTERCARD (Circle the appropriate card type)

Card Number:

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Expiry Date:..... **Amount:** \$33.60

I hereby authorise VPA to charge my credit card on this occasion ☐

CVV:

(exempt from GST)

only (please tick ü)

Name on Card: **Signature:**

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