

FREEDOM OF INFORMATION

REQUEST FORM

The following form should be completed and lodged with the \$34.50 application fee* and if the information you require relates to you personally, a copy of suitable identification (e.g. 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 8, 369 Royal Parade, Parkville 3052
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:

Exp

Expiry Date:

CVV:

Amount: \$34.50(exempt from GST)

I hereby authorise VPA to charge my credit card on this occasion only (please tick)

☐

Name on Card: Signature: