



City of Port Lincoln

Template No 13-36-T2

Address: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606
Postal Address: PO Box 1787, Port Lincoln SA 5606
Email: plcc@plcc.sa.gov.au **Web:** www.portlincoln.sa.gov.au
Telephone: (08) 8621 2300 **Fax:** (08) 8621 2399

REQUEST FOR PERSONAL INFORMATION OF A THIRD PARTY

The completion of this form does not necessarily imply the City of Port Lincoln will be able to provide copies of the information requested.
Council will contact the Third Party to ascertain whether they approve of the release of their personal information to the applicant

APPLICANTS CONTACT DETAILS

Your Name:

Your Postal Address:

Your Contact Number/s:

Email:

THIRD PARTY CONTACT DETAILS

Last Name:

First Name/s:

Address:

What is your reason for requesting this information (you do not have to respond to this question under the FOI Act)

What information are you seeking?

Signature:

Date

THE APPLICANT MUST BE MADE AWARE OF COUNCILS PRIVACY POLICY 13.63.1
VIA THE WEBSITE OR PROVIDED WITH A HARDCOPY AT NO CHARGE IF REQUESTED
www.portlincoln.sa.gov.au

OFFICE USE ONLY

Receipt number (1060381.19):

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