Doc Name: Application for Disclosure Form

Doc No: CD/19/180 (V3)



Applicant's Details			
Name			
Postal Address			Post Code
Home Phone	Business Phone	Mobile Phone	
Email			
General topic of information applie	d for (once sentence summary of inf	ormation requested)	
Description of efforts made prior to	this application to obtain information	on, e.g. web search, pu	ıblications etc
Details of information sought (if ins	ufficient space, please attached addi	tional information)	
	Applicant's Signature		Date

Expiry Date:

02/03/22

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	Application fee included (\$40.50 as at 1 July 2019).		
	If this application is for personal information, proof of identify must be provided i.e. a copy of photo identification which has been certified as a true copy by a Justice of the Peace or Commissioner for Declarations is the minimum acceptable)		
Or Application for Waiver of Fee			
	Member of Parliament in relation to official business		
	Financial hardship e.g. holder of Commonwealth Health Care Card		
	Public interest or benefit (you will need to show that you intend to use the information for this purpose)		
	Journalist in relation to professional duties		
Please provide details of reason for applying for waiver of fee			

Forward completed form with cheque to

Metro Tasmania Pty Ltd PO Box 61, Moonah, TAS, 7009