Doc Name: Application for Assessed Disclosure (RTI) Form

Doc No: CD/20/237 (V3) Next Review Due: 01/07/22



Applicant's Details			
Name			
Postal Address			Post Code
Home Phone	Business Phone	Mobile Phone	
Email			
General topic of information applied for (one sentence summary of information requested)			
Description of efforts made prior to this application to obtain information, e.g. web search, publications etc			
Details of information sought (if insufficient space, please attached additional information)			
A	Applicant's Signature		Date

Doc Name: Application for Assessed Disclosure

Doc No: **Form** CD/20/237 (V3) Next Review Due: 01/07/22



	Application fee included (\$41.25 as at 1 July 2021).		
	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)		
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