

## REQUEST UNDER THE A.C.T. FREEDOM OF INFORMATION (FOI) ACT 1989

To: The Freedom of Information Coordinator

**Executive Coordination** 

ACT Health GPO Box 825

CANBERRA ACT 2601

Name: Mr/Mrs/Ms/other (eg Company)	Address:
T. I. I. (4. )	
Telephone: (home):	
(work):	(postcode)
I would like to access the following document/s:	
(if insufficient space ple	ease attach a separate sheet of paper)
I would like - a copy of these documents se	
<ul> <li>to inspect these documents</li> </ul>	
I seek remission of any charges imposed pursuant to section 29 on the grounds of:	
Financial hardship	<b>_</b>
<u>-</u>	<u> </u>
Public interest; or	3
Any other grounds	3
Please describe your reasons for requesting remis	esion:
Trease desertee your reasons for requesting remission.	
(if insufficient space please attach separate sheet of paper)	
Please sign here:	
Date:	