

Freedom of Information (Fol) request

Your details

Name _____

Address _____

Daytime contact number _____

Details of documents requested

Access requested

- ☐ A copy of the document(s) ☐ Inspection of the document(s)
- ☐ Access in another format (please specify) _____

Authorisation

I understand that the application fee must accompany this request and that further reasonable charges for photocopying and other processing costs may be applicable.

Signature _____ Date / /

Please return completed form to

Send this completed form with cheque/money order (payable to Barwon Water) to
Barwon Water, PO Box 659, Geelong VIC 3220