Coastwide Eye Surgery

REQUEST FOR ACCESS TO RECORDS

Freedom of Information Acts, 1997 & 2003

1. DETAILS OF REQUESTER (Please use block capitals)

Surname _____

First Name _____

Postal Address _____

_____

Tel Home: _____ **Tel. Business** _____

Fax No: _____ **Email Address:** _____

2. PERSONAL INFORMATION

Before you are given access to personal information relating to yourself, you may be required to produce a Birth Certificate, Driving Licence, Passport or other form of identity. **A copy of the identifying document accompanies this form: Yes [ ] No [ ]**

3. FORM OF ACCESS

My preferred form of access is: (*please tick as appropriate)*

To receive photocopies: *(photocopying charges will apply)* [ ]
To inspect original record: [ ]
Other format (*Please specify)*: _____

4. DETAILS OF REQUEST

In accordance with Section 7 of the Freedom of Information Act 1997 & 2003, I request access to records of _____. In the space below please describe the records you seek as fully as you can as this will assist in dealing with your request. If you require more space to complete your description, please attach a page.

I request the following records: _____

_____

_____

_____

_____

_____

_____

_____

PLEASE SIGN HERE _____ **DATE** _____

Please send your completed application to**:** **Practice Manager**

Erina Suite 1:07 Platinum Building 4 Ilya Avenue ERINA 2250 Tel: (02) 4365-9444 Fax: (02) 4367-6593

Tuggerah Suite 1/23-25 Anzac Road TUGGERAH NSW 2259 Tel: (02) 4355-5600 Fax: (02) 4353-7799