Freedom of Information Request Form

Applicant deta	nils
Date:	
Surname:	First Name:
Company name (if applicable)	
Address:	
Suburb/Town:	Postcode:
Email:	
Mobile:	
Signature:	Date:
Description of	

Description of documents you want to access

Access type:

Please indicate the type(s) of access required:

□ I want a copy of the documents

 \Box I want to inspect the documents

energy

I would like to access the following document(s). (Please provide as much detail as you can to help us quickly identify the requested document(s), including any Energy Safe Victoria reference numbers if known. If insufficient space, please attach additional pages to the application).

Date range of documents:	Start date	End date	
		•	
		-	



Name of attending EnergySafe officer (if known)

Date of Incident (if known)

Location of incident (if known)

Authority to release documents to representative (optional)

If this application includes documents containing the personal information of another person and you are a representative of that person, please ensure the person you are representing completes this Authority.

I, (Name of person whose information is requested) of (Address)

hereby authorise (Representative name)	of (Representative contact address)

to receive any released documents relevant to this Freedom of Information Act request on my behalf.

Date

Please sign

Notes

Privacy collection statement

Personal information provided by you on this form will be used for the purpose of processing and assessing your request. We will not use your personal information for any other purpose and will not disclose it without your consent except if required to consult third parties as explained below or if required or authorised by law. Where information is required for statistical reporting purposes, all identifying details will be removed.

Consultation with third parties

In the event that third party consultation is necessary to process this request, Energy Safe Victoria (**Energy Safe**) may disclose your identity to third parties who are being consulted and, if requested, a copy of your FOI request.

Third parties that are consulted for FOI purposes are generally people or businesses that have provided Energy Safe with documents that are relevant to your FOI request who are entitled under FOI legislation to make submissions to Energy Safe regarding the release of those documents.

Waiver of Application fee

Energy Safe will waive the application fee if you attach a *copy* of a *current* health care card or pension card.

Access charges

Energy Safe may impose access charges for time spent in routine searches for documents, providing access by way of supervised inspection, photocopying costs and costs incurred in making a transcript or producing a written document from an electronically stored source (where it does not already exist in written form). Generally, Energy Safe does not impose access charges unless the documents requested are voluminous. Energy Safe will give you an estimate of access charges if charges are to be imposed. *Note: Your application will not be processed until payment of the application fee is received or waived. See below for payment options*

Energy Safe Victoria

Freedom of Information Request Payment form

This form must accompany any mailed applications or requests that require payment.

FOI Application fee: 2025-2026 \$33.80

Payer details

You **must** provide contact details in the event that Energy Safe Victoria needs to contact you.

Name:								
Company name (if applicable)								
Address:								
Suburb/Town:					Postcode:			
Email:								
Mobile:								
Please tick payment opt □ Credit card	Please tick payment option: Credit card Electronic transfer							
Receipt required: 🗆 Ƴ	∕es □ No							
Credit card details		Please r	note we do n	ot accep	t Diners and A	merican Ex	xpress	
\Box Mastercard \Box V	ïsa							
Card No:								\$33.80
Expiry date (MM/YY)			Name on ca	rd:				
l authorise Energy Sa	fe Victoria to debi	it my crea	dit or debit (card wit	h the amount	shown ab	ove.	
Signature of card holde	er					Date		
Direct Deposit/E	FT details							
Energy Safe Victoria BSB:#063-165 Account #: 10315249 Please include in the transaction description – 'FOI" and your surname		Paymer	nt date:	the FC	e attach a cop DI Application f of your payme Intsreceivable(form or alte	ernatively o:	/, forward a

Office use only		
Received on:	ESV Reference No:	Lodgment receipt:
Order No:	Date Processed:	Processed By:
Energy Safe Victoria ABN: 27 462 247 657	PO Box 262 Collins Street West Vic 8007 T: (03) 9203 9700	Please refer to Energy Safe Victoria's website for our Privacy Statement: www.energysafe.vic.gov.au

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