

# Application for assessed disclosure of information (Right to Information request)



## When to use this form

Use this form to make an application to the City of Hobart for the release of information in accordance with the *Right to Information Act 2009*.

What you need to know:

- Applications are to be made in writing and include the information as required by Regulation 4 of the *Right to Information Regulations 2010*, as set out in this form below.
- A fee of 25 fee units (which is \$40.50 as at 1 July 2020 and is indexed annually) is to accompany this application.

**If you submit this request online we will contact you to arrange payment before your application is accepted.**

The application fee may be waived in certain circumstances which are outlined below.

## Application fee and waivers

In certain circumstances the fee that is applied to the Right to Information application may be waived. Should you wish to seek a fee waiver, your circumstance will need to fall into one of these four categories:

- Impecunious (e.g. holding a health care card)
- Member of Parliament (in relation to official duty)
- General public interest or benefit (you will need to show that you intend to use the information for this purpose)
- Journalist (acting in connection with your professional duties)

**If none of the above categories describe your circumstance the fee will remain payable before your application can be accepted.**

Are you requesting the RTI application fee to be waived? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Application fee and waivers: Are you requesting the RTI application fee to be waived?*

I am requesting this because: (Select 1 option) Required

- I am impecunious (e.g. holding a health care card)
- I am a Member of Parliament acting in relation to official duty
- of general public interest or benefit (you will need to show that you intend to use the information for this purpose)
- I am a journalist acting in connection with my professional duties

Complete this field if you selected 'of general public interest or benefit (you will need to show that you intend to use the information for this purpose)' in *Application fee and waivers: I am requesting this because:*

**Please describe how you intend to use this information** Required

Complete this field if you selected 'I am impecunious (e.g.holding a health care card)' in *Application fee and waivers: I am requesting this because:*

**Please attach your health care card** Required



Please attach all files to the end of this form before submitting it.

## Applicant's details

**Are you applying on behalf of someone? (Select 1 option)** Required

- yes  
 no

Complete this field if you selected 'yes' in *Applicant's details: Are you applying on behalf of someone?*

**Do you have their consent to apply for access to assessed disclosure of information? (Select 1 option)** Required

- yes  
 no

Complete this field if you selected 'yes' in *Applicant's details: Do you have their consent to apply for access to assessed disclosure of information?*

**Please attach a copy of their written consent** Required



Please attach all files to the end of this form before submitting it.

**First name** Required

**Last name** Required

**Organisation or business name (if applicable)**

**Email address** Required

**Telephone number** Required

**Unit/street number** Required

**Street name** Required

**Suburb** Required

**Postcode** Required

Is this your postal address? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'no' in *Applicant's details: Is this your postal address?*

Postal address Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

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## Details of request

General topic of information applied for (a one sentence summary of information requested) Required

Details of the information you are requesting Required

Description of your efforts made prior to this application to obtain this information Required

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Are you applying for your own personal information? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Details of request: Are you applying for your own personal information?*

Please attach your proof of identity. Required



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## Information about assessed disclosure under the Right to Information Act 2009.

### Object of the act

Section 3 of the Act includes this statement of the objects of the Act:

- (1) The object of this Act is to improve democratic government in Tasmania –
  - (a) by increasing the accountability of the executive to the people of Tasmania; and
  - (b) by increasing the ability of the people of Tasmania to participate in their governance; and
  - (c) by acknowledging that information collected by public authorities is collected for and on behalf of the people of Tasmania and is the property of the State.
- (2) This object is to be pursued by giving members of the public the right to obtain information held by public authorities and Ministers.
- (3) This object is also to be pursued by giving members of the public the right to obtain information about the operations of Government.
- (4) It is the intention of Parliament –
  - (a) that this Act be interpreted so as to further the object set out in subsection (1); and
  - (b) that discretions conferred by this Act be exercised so as to facilitate and promote, promptly and at the lowest reasonable cost, the provision of the maximum amount of official information.

### Responsibilities of the City of Hobart

- Applicants are to be notified of the decision on an application for assessed disclosure within 20 working days of the application being accepted by the public authority.
- Before the application is accepted, the public authority has a maximum of 10 working days to negotiate with the applicant to further define the application.
- If a need to consult with a third party arises, a further 20 working days will be allowed in addition to the original 20 days.
- If you have not received notice of the decision within the periods specified above you may apply to the Ombudsman for a review of a decision.

## Declaration

In making this application: (Select 1 or more options) Required

I declare the information I have provided is true and correct. Required

I agree that by typing my name below I have signed this application. Required

Name of signatory Required

For information on how the City manages, handles and protects personal information it collects please refer to the City's [Privacy Statement and Policy](#).

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*End of form*

*Don't forget to attach all files before submitting this form*