



CHIROPRACTORS REGISTRATION BOARD OF VICTORIA
17/150 LONSDALE ST
Melbourne Vic 3000
Tel: 03 6938 8652

**FREEDOM OF INFORMATION
REQUEST FORM**

The following form should be completed and lodged with the \$20.50 application fee and if the information you require relates to you personally, a copy of suitable identification (eg driver's license, passport or healthcare card). Your application should be lodged by post.

FREEDOM OF INFORMATION REQUEST

TITLE:

SURNAME:

FIRST NAME:

STREET ADDRESS:

SUBURB & POSTCODE:

TELEPHONE: (work hours)

(after hours)

(mobile)

(other)

Details of document required (or attach details of your request to this application)

If your request requires the FOI officer to contact a third person, please indicate your request for anonymity.

I **wish / do not wish** to remain anonymous in this application.(please circle the correct words)