

**Important notes**

This form is designed to assist you to make a valid FOI request under the *Freedom of Information Act 1982*. More information is available by emailing [foi@tac.vic.gov.au](mailto:foi@tac.vic.gov.au), by calling us on 1300 654 329 or by fax (03) 9656 9360.

Please return the completed form and any attachments to:

Freedom of Information Officer  
Transport Accident Commission  
PO Box 2751  
MELBOURNE VIC 3001

**Application fee**

There is a non-refundable application fee of \$31.80 (GST free) from 1 July 2023 until 30 June 2024. Please make cheques payable to 'Transport Accident Commission'.

Have you attached the application fee?

- ☐ Yes
- ☐ No – I seek a waiver of the fee on the grounds of hardship and attach supporting evidence, e.g. a photocopy of your *Health Care Card, Pension Card or other*

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**Applicant details**

Firm name

Your reference

Contact name

Telephone number

Fax number

Address

Email address

Post code

**Information request**

Please provide as much information as possible about the documents to which you seek access. This will assist us to locate all the relevant information

Date range applicable      /      /      to      /      /

**Access type**

Please indicate the type(s) of access required:

- ☐ I want a copy sent to me via secure file transfer
- ☐ I want a copy of the documents in paper form
- ☐ I want a copy of the documents in electronic form on CD
- ☐ I want to inspect the documents
- ☐ I want access provided in a different form. Please specify

Access charges may apply. For more information please refer to the TAC's brochure, *The TAC and the Victorian Freedom of Information Act 1982*, available on our website [www.tac.vic.gov.au](http://www.tac.vic.gov.au) or call us on 1300 654 329.

Applicant's signature

Date

**Authority to release documents to representative**

If this application is for personal information and is made by a representative of that person, please complete this Authority.

I, (name of person whose information is requested)

of (address)

  

whose date of birth is

hereby authorise the release of all documents relative to this  
Freedom of Information request, directly to my representative.

Signature

Representative name

Representative address

  

Date

**Privacy**

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.  
If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)