

## FREEDOM OF INFORMATION TAC REQUEST FORM – REPRESENTED APPLICANT

## Important notes

**Applicant details** 

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, 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

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There is a non-refundable application fee of \$33.60 (GST free) from 1 July 2025 until 30 June 2026.

Have you paid the application fee?

Yes

No – I seek a waiver of the fee on the grounds of hardship and have attached supporting evidence, e.g. a photocopy of your health care card, pension card or other

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miname	Tour relevance
ontact name	Telephone number Fax number
dress	Email address
Post code	
ease refer to the TAC Part 2 Statement on our website.  ate range applicable / / to / /	



PO Box 2751 MELBOURNE VIC 3001 Telephone 1300 654 329 STD Toll Free 1800 332 556 www.tac.vic.gov.au ABN 22 033 947 623





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Access type Please indicate the type(s) of access required:	
☐ I want a copy sent to me via secure file transfer (email with a	link to download documents)
☐ 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 c call us on 1300 654 329	our website at tac.vic.gov.au/getting-documentation or
Applicant's signature	Date
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Authority to release documents to representative  If this application is for personal information and is made by a repr  I, (name of person whose information is requested)	esentative of that person, please complete this Authority.  Representative name
of (address)	Representative address
whose date of birth is	
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hereby authorise the release of all documents relative to this Freedom of Information request, directly to my representative.	
Signatura	
Signature	Date
Signature	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 tac.vic.gov.au



