**Please refer to the Pilbara Ports Authority** [**Information Statement**](https://www.pilbaraports.com.au/about-ppa/governance/freedom-of-information) **on the Pilbara Ports Authority website for further information on lodging a Freedom of Information application. You can also send an email to** [**foi@pilbaraports.com.au**](mailto:foi@pilbaraports.com.au) **if you have any questions prior to applying.**

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| APPLICANT DETAILS | | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | | | | |  |
| **Business Address:** |  | | | | | | | | | | |  |
| **Postal Address:** |  | | | | | | | | | | |  |
| **Telephone No(s).:** |  | | | | | | | | | | |  |
| **Email Address:** |  | | | | | | | | | | |  |
| if the application is on behalf of an organisation: | | | | | | | | | | | |  |
| **The Name of the Organisation:** |  | | | | | | | | | | |  |
| DETAILS OF REQUEST | | | | | | | | | | | | |
| Personal Documents: | | Yes |  | | | | | | | | |  |
| Non-personal Documents: | | Yes |  | | | | | | | | |  |
| * Describe clearly the documents you wish access to (*include dates, location, subject matter or any other information which would help identify the document*). * Specify actual documents rather than entire files. * Your reason for access (*optional*) may assist in the accurate capture of documents. | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| form of access | | | | | | | | | | | | |
| I wish to inspect the documents: | | | | Yes | |  | | | No |  | |  |
| I require a copy of the documents: | | | | Yes | |  | | | No |  | |  |
| fees and charges (non-personal applications) | | | | | | | | | | | | |
| The payment of $30 has been made to the Pilbara Ports Authority by: | | | | | | | | | | | Select payment option |  |
| I understand that before I obtain access to documents I may be required to pay processing charges in respect of this application and that I will be supplied with a statement of charges if appropriate. In certain cases a reduction in fees and charges may apply. | | | | | | | | | | | |  |
| I am requesting a reduction in fees: | | | | | Yes | | |  | | | |  |
| Please state the reason below: | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| **APPLICANT'S SIGNATURE** | | | | | | | **DATE:** | | | | |  |