

TASMANIAN PHARMACY AUTHORITY

Direct enquiries to:
registrar@pharmacyauthority.tas.gov.au

PO Box 1082 Sandy Bay TAS 7005
Telephone: 0417 752 348

APPLICATION FOR ASSESSED DISCLOSURE Right to Information Act 2009

APPLICANTS DETAILS

TITLE		NAME
POSTAL ADDRESS		
TELEPHONE	Daytime	Mobile
EMAIL		

GENERAL TOPIC OF INFORMATION APPLIED FOR (one sentence summary of the information requested)

DESCRIPTION OF EFFORTS ALREADY MADE TO OBTAIN THIS INFORMATION

Tick relevant box [] below:

APPLICATION FEE INCLUDED []	OR APPLICATION FOR WAIVER []	Member of Parliament []	Impecunious applicant []	General public interest or benefit []
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IF THE APPLICATION IS FOR PERSONAL INFORMATION, HAVE YOU ATTACHED PROOF OF IDENTITY? YES [] NO []

DETAILS OF THE INFORMATION SOUGHT (If insufficient space, please attach further details)

APPLICANT'S SIGNATURE

_____/_____/20_____
DATE