

Request for information Under S.134A Evidence Act 1977

Council of the City of Gold Coast
ABN 84 858 548 460
PO Box 5042 GCMC Qld 9729
P 1300 GOLDCOAST
F (07) 5596 3653
E mail@goldcoast.qld.gov.au
W cityofgoldcoast.com.au

Please use BLOCK LETTERS and complete all details in full. (2 pages)

Use this form if you are a party in civil proceedings and wish to apply under Section 134A of the *Evidence Act 1977* to inspect Council documents that are relevant to an issue in the proceedings. Note, any documents supplied to you are subject to the condition that you only use or disclose this information for the purpose of the subject legal proceeding. **Call 07 55 817 530 for advice before submitting this application**

Privacy statement

Council of the City of Gold Coast is collecting your personal information in order to process your Evidence Act application. The information will only be used by authorised officers for this purpose. Your information will not be given to any other person or agency unless you have given us permission or we are required or allowed to by law.

How to apply

You can apply for information:

Online LegalInformation@goldcoast.qld.gov.au

By phone 07 55 817530

By fax 07 55 816 444

By post PO Box 5042, Gold Coast Mail Centre QLD 9726

In Person: Customer Service 8 Karp Court Bundall QLD 4217 8.15am-4.30pm, Monday-Friday

Once we receive your properly completed application and notice of your payment of your inspection fee, you will receive a formal response to your request within 10 working days.

Assist us to help you

You need to submit your application to us **at least 7 – 14 business days** before your hearing date.

After you have made payment of your Inspection Fee, please check that you have **provided us with all** of these documents. We will accept **scanned copies** of these documents.

- your completed and signed application form
- a copy of the pleadings/affidavit
- a copy of the Court or Hearing Notice
- Evidence Act Inspection Fee receipt for \$51.15

Fees and copying charges

Evidence Act Inspection Fee	\$51.15	
A4 Page Document Copy Fee	\$2.90/Page	(Maximum copy fee limit of \$75.45)
A3 Page Document Copy Fee	\$1.90/page	

Part 1 Applicant Details

You are required to supply your name and an address for correspondence. Additional contact details will help us to manage your application

Title (e.g. Mr/Mrs/Ms)	Given Name/s
<input type="text"/>	<input type="text"/>
Family Name	Company Name (If applicable)
<input type="text"/>	<input type="text"/>
Postal Address	
<input type="text"/>	
<input type="text"/>	
Postcode	Phone Contact
<input type="text"/>	<input type="text"/>
Email	Fax
<input type="text"/>	<input type="text"/>
Signature of Applicant	Date
<input type="text"/>	<input type="text"/>

Please complete details on the next page →

Part 2 Particular Documents

Please provide particular and specific information about the documents you are seeking

a. The subject matter of the documents you are seeking (e.g. the planning process for the Letter Z Program)

b. The type of documents (emails, correspondence, reports)

c. The time period / date range you would like us to search within (e.g. September 2014 - June 2015)

d. Relevant document reference numbers if known

e. Any other details you believe will assist us in dealing with your application

Part 3 Preferred access type (tick one):

<input type="checkbox"/> Inspect document/s	<input type="checkbox"/> Electronic copies of documents sent to me by email
<input type="checkbox"/> Photocopy of documents sent by mail (Copy charge may be incurred)	

Office use only			
Date received		Fee paid	
Received by		Receipt number	
Business partner name		Account number	87863
Business partner number		iSpot # template form	43383013v3