

Freedom of Information

Clarification Form

Please complete this Clarification Form and return to this office by INSERT DATE 14 DAYS FROM THE DATE OF THIS LETTER or your request will be refused.

I, INSERT NAME, refer to my request under the *Freedom of Information Act 1982*, file reference: INSERT FILE NUMBER.

Proposed Clarified wording of request:

"INSERT proposed clarified wording of request"

I accept the above clarified wording and wish to proceed with my request

Signed: _____

Dated:

Position: _____

Please return to:

Freedom of Information unit
Department of Health & Human Services
GPO Box 4057
MELBOURNE VIC 3001