



Department of Health & Human Services

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 650 172
GPO Box 4057
Melbourne Victoria 3001
www.dhhs.vic.gov.au

Our ref:
Your ref: **Delete line if NA**

<Name>
<Title>
<Company or organisation>
<Address 1>
<Address 2>
<SUBURB STATE POSTCODE>

Dear <Name>

Freedom of Information Request Section 18(2) – Transfer of Request

Thank you for your request under the Freedom of Information Act 1982 where you seek access to:

“INSERT Wording of request”

Your request was received by the Department of Human Services on **INSERT Date.**

I have determined that the documents you seek access to are not in the possession of the Department of Health & Human Services but are in the possession of **Insert Name of Agency.**

OR

I have determined that the subject matter and records relating to this request are more closely connected with the functions of another agency, namely **Insert Name of Agency.**

Accordingly, I have transferred your request to that agency under section 18(2) of the Act and have asked them to respond to you directly. Any future communications about your request should be directed to that agency. The agency's details are:

INSERT Agency Name, Address and Telephone

OPTIONAL INSERT IF APPLICATION FEE HAS BEEN PAID

Please note I have returned your application fee made payable to this department. You may be asked to submit an application fee to the agency where your request has been transferred.

Should you wish to discuss the transfer, I can be contacted at the address indicated in the letterhead of this letter, or via email at foi@dhhs.vic.gov.au or on **Delete one of the following numbers depending on whether it is a Non Personal or Personal request (03) 9096 8058 OR (03) 9096 8449.** Please quote our reference number **(F1#/#####)** in any correspondence.

Yours sincerely

<Name>
Senior Freedom of Information Adviser
Executive Services

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