

Government Information (Public Access) Act 2009

INTERNAL REVIEW APPLICATION

This form should be used if you wish to apply for internal review of a decision made under the *Government Information (Public Access) Act 2009* (GIPA Act).

You must lodge this form with us **within 20 working days** after notice of the decision was given to you.

If you need help in filling out this form, please contact the Office of the Information Commissioner (OIC) on 1800 INFOCOM (1800 463 626). General information about accessing government information under the *GIPA Act* is available on the OIC's website: www.oic.nsw.gov.au.

1. Your details

Surname: _____

Title: Mr / Ms / Miss / Mrs

Other Names: _____

Postal Address: _____

Postcode: _____ Day-Time Telephone: _____

Email: _____

I agree to receive correspondence at the above email address

I Understand that SOPA collects personal information for administrative purposes. The information is stored in a secure place and will not be disclosed to anyone without your consent unless SOPA is legally required to do so. You are able to access and edit your personal information.

2. Decision Details

Decision to be reviewed _____

Date of decision _____

File reference _____

Applicant's signature: _____

Date: _____

Please include your Internal review Application Fee of \$40 when you post this form or lodge it at:

Right to Information Coordinator
Sydney Olympic Park Authority
Level 8, 5 Olympic Boulevard
Sydney Olympic Park NSW 2127

Or

Email: gipa.privacy@sopa.nsw.gov.au

& Complete the Credit Card Authority Form on page 3

3. Credit Card Authority

Cardholder Details

Cardholder Name: _____

Company Name (if Applicable): _____

Credit Card Details:

Personal Credit Card

Corporate Credit Card

Credit Card Type:

VISA

MASTERCARD

Please Note **WE DO NOT ACCEPT** Diners Club or American Express

Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date _ _ / _ _

I Authorise **Sydney Olympic Park Authority** to debit my Credit Card

In the amount of \$ _____ amount payable

Payment For: _____

Cardholder Signature: _____

Contact Telephone #: _____

Contact Email: _____

SOPA Contact: _____

NOTE: Credit card payments will not be processed unless fully completed.