

# Freedom of Information Statement of hardship form

FOI Reference: \_\_\_\_\_

I enclose a cheque or money order for the amount of \$28.40, made payable to the Department of Health & Human Services as payment of the freedom of information application fee.

OR

Statement of hardship. The payment of the application will cause me hardship because:

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I also include a copy of my identification document.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Please send payment or completed statement of hardship to:

Freedom of Information unit  
Department of Health and Human Services  
GPO Box 4057  
Melbourne Victoria 3001