



Government of South Australia
SA Health

YORKE AND NORTHERN LOCAL HEALTH NETWORK

Doc Ref: YNLHN FOI-009 V2
Revised: 30/06/2022

**AUTHORITY FOR ACCESS TO DOCUMENTS OF A
THIRD PARTY**

*To be lodged with an Application for Access to documents made under the
Freedom of Information Act 1991 (SA)*

Details of Person giving Authority

| | | | |
|---------------|--|----------|--|
| Full Name | | | |
| Address | | | |
| | | Postcode | |
| Phone | | Email | |
| Date of Birth | | | |

Details of Agent requesting documents of a third party (Individual or Organisation)

| | | | |
|--------------|--|----------|--|
| Organisation | | | |
| Contact Name | | | |
| Address | | | |
| | | Postcode | |
| Phone | | Email | |

Details of Authority

| |
|---------------------------------------|
| Authority to obtain information from: |
| Specify documents/date range: |
| |

Declaration

I, _____ understand that the information requested by the Agent/ individual will be provided under the *Freedom of Information Act 1991 (SA)*.

This Authority is valid until _____ (Date).

(Signed)

(Date)