

	LIMESTONE COAST LOCAL HEALTH NETWORK
Doc Ref: LCLHN FOI-009 V1	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		Date of Birth	
Email			

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)