




# Application for Amendment of Personal Information

*Western Australian Freedom of Information Act 1992, S.12*

## How to complete this form

1. Ensure that you answer all questions.
2. Print using CAPITAL letters in a blue or black pen.
3. Sections that require supporting documentation are marked with a .

| Details of Applicant                 |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
|--------------------------------------|----|--------------------------|------|--------------------------|-----|--------------------------|----|--------------------------|-------|--|--|--------------------------|
| Title                                | Mr | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Other |  |  | <input type="checkbox"/> |
| First given name                     |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for first given name]          |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| Second given name                    |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for second given name]         |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| Family name                          |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for family name]               |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| Australian postal address            |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for Australian postal address] |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| Suburb/Town                          |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for suburb/town]               |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| Postcode                             |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for postcode]                  |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| Phone 1                              |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for phone 1]                   |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| Phone 2                              |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for phone 2]                   |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| Email                                |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |
| [Grid for email]                     |    |                          |      |                          |     |                          |    |                          |       |  |  |                          |

| Details of Application   |
|--|
| I am applying for amendment of personal records held by the Department of Communities (Housing).         |
| I claim that the document(s) described below contain(s) personal information relating to myself that is: |
| <input type="checkbox"/> Inaccurate  |
| <input type="checkbox"/> Incomplete  |
| <input type="checkbox"/> Out of date   |
| <input type="checkbox"/> Misleading  |
| <input type="checkbox"/> Other   |
| [Text box for other details]   |
| The document(s) containing the information is/are:   |
| [Grid for document details]  |
| The information which needs changing is:   |
| [Grid for information to be changed]   |

