Form

Freedom of Information Request

Client Authority

I, _____
(name of client)
of _____
(address of client)
authorise (name of _____ to act on my solicitor/union/other), _____
behalf and obtain information under the provisions of the *Freedom of Information Act 1982* from the Victoria State Emergency Service (SES) in relation to the following matter:

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Signature: _____

Date: _____/_____/_____