Form

Freedom of Information Request

Client Authority

I, ...
(name of client)
of .....
(address of client)
authorise (name of solicitor/union/other), ... to act on my 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: ..... / ..... / .....