Freedom of Information Request

Client Authority

I, _____
(name of client)
of

_____
(address of client)

to act on my

authorise (name of
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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____

Date: _____ / _____ / _____