



Please fill out details clearly – we may not be able to help if you don't.

PERSON MAKING THE REQUEST

Given Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Tel No: (BH) _____ (AH) _____ Mobile: _____

Fax No: _____ Email: _____

NATURE OF REQUEST

Address relating to request: _____

Name of person/company at property (if known): _____

Signed: _____ Date: _____

Please Note:

1. City of Mandurah is subject to the *Freedom of Information Act 1992*.
2. While every effort will be made to resolve your request promptly, please understand that the City has limited resources and environmental health issues need to be dealt with in order of priority.
3. Should legal action be necessary, you may be required to give evidence in Court.
4. The City undertakes to notify you within 15 working days of this form being returned of how your request has progressed.
5. Should you require further information please contact the City's Health Services.
6. The complainant should recognise that samples submitted to the City of Mandurah form part of a health related investigation for the protection of the public and is not related to financial compensation. Samples submitted to the City may be rendered useless following formal analysis.

Please return completed form to:

Health Services City of Mandurah PO Box 210 MANDURAH WA 6210	Phone: 9550 3746 (Health Services) Facsimile: 9550 3888 Customer Services: 9550 3777 Email: health@mandurah.wa.gov.au Office Location: 3 Peel Street, Mandurah
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