

APPLICATION TO VIEW GIFT REGISTER

*Local Government Act 1989*

**Please use block letters when completing this form**

Surname  Given Names

Address (inc. Post Code)

Telephone No.

E-mail

I, the undersigned, apply to the Council of

**CITY OF BALLARAT**

to inspect the register of Gifts that is available for public inspection.

Please provide name of Councillor/s and/or Council Officer/s and the date period of Gifts that are to be inspected.

The Gift Register is available to the public to inspect. Council does not incur any liability in respect of any information provided in good faith for inspection and any information contained in the Gift Register.

Signature:  Date:

Once form has been completed, please send to the:  
**Statutory Compliance Unit**  
**PO Box 655, Ballarat, VIC, 3353**  
or  
**e-mail:Governance@ballarat.vic.gov.au**

*Upon receipt of this form, the applicant will be contacted to arrange a suitable time to view requested prescribed matter. The applicant must bring identification.*

**Office Use Only**

Date inspected   ID sited

Officer responsible:  Date: