

Western Australia Police Force **Application for Information Report For Criminal Injuries Compensation** For use by Authorised Representatives ONLY

Public Access

Office of Information Management Level 5 Westralia Square, 141 St Georges Terrace PERTH WA 6000 Enquiries: (08) 6229 5900 or PublicAccess@police.wa.gov.au

INCIDENT / OFFENCE REPORT NUMBER (IF KNOWN)

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Details of Authorised Representative								
TITLE	SURNAME	GIVEN NAME ORGANISATION NAME			ΛE			
POSITION TITLE		REPRESENTATION TYPE (E.G. SOLICITOR)		REFERENCE NUMBER				
POSTAL ADDRESS			SUBURB		STATE	POSTCODE		
TELEPHONE NUMBER		EMAIL ADDRESS						
Victim Details								
TITLE	SURNAME	GIVEN NAME(S)			DATE OF B	RTH		
Incident Information								
INCIDENT DATE RANGE FROM			INCIDENT DATE RANGE TO					
DETAILS OF INCIDENT (PLEASE INCLUDE NAME, LOCATIONS, TIME, AND DETAILS OF OFFENCES TO ASSIST OUR SEARCH)								
					Γ.			
						EE: \$30.00		
I have read understood and agree to the terms under which the information is to be released								

I nave read, understood and agree to the terms under which the information is to be released.

SIGNATURE __

DATE _____

Application Checklist (Applications must include the following to be accepted)				
	Completed application form (or written request on company letterhead).			
	Letter of consent signed by the victim authorising the release of information.			
	Payment. Cheques and Money Orders to be made payable to "The Commissioner of Police". Money Order vouchers cannot be accepted and will be returned.			
	Lodged in person at the Office of Information Management, or by post to LOCKED BAG 20, PERTH BUSINESS CENTRE WA 6849.			
For more information about Abridged Incident Reports visit <u>www.police.wa.gov.au/Police-Direct/Apply-for-Information</u>				

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