PUBLIC RECORD OFFICE VICTORIA

Government Agency
Application For Photocopies

1. Details

Requestor's Name: _____

User ID: _____

Agency Name: _____

Dept Name: _____

_____ Post code: _____

Contact Telephone: _____

2. Declaration

I request a copy/copies of the records/extracts listed below for the purpose of:

❑   Research

❑   Study

❑   Business Purposes

I undertake that I will not use any copies supplied to me for any purpose other than the purpose specified above.

I understand that in some cases the physical condition of the records may prevent them from being copied.

I understand that copies of records not created by this agency may not be published or reproduced in any format without the written consent of the Keeper of Public Records.

Signature: _____   Date of request _____

3. Service required

STANDARD   SAME DAY (up to 20 copies)   FOLLOWING DAY (up to 20 copies)

Please post or DX (provide DX number_____)   Hold for collection

Forward to PROV Ballarat   Client-arranged courier

Copies held for 6 months only

4. Records to be copied *(continues overleaf)*

Series (VPRS no)	Unit number (eg box number)	Item Number (ie number on file, letter, document etc)	No. of pages (count each side)

Application for Photocopies cont.

4.   Records to be copied (continued)

Series (VPRS no)	Unit number (eg box number)	Item Number (ie number on file, letter, document etc)	No. of pages (count each side)