



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

Information Release Centre
Office of Information Management, Policy & Legislation
Locked Bag 20
PERTH BUSINESS CENTRE WA 6849
Enquiries: (08) 6229 5900

INCIDENT / OFFENCE REPORT NUMBER (IF KNOWN)

Details of Authorised Representative

TITLE	SURNAME	GIVEN NAME	ORGANISATION NAME		
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 BIRTH
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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)	
FEE: \$30.00	

I have 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)

<input type="checkbox"/>	Completed application form (or written request on company letterhead).
<input type="checkbox"/>	Letter of consent signed by the victim authorising the release of information.
<input type="checkbox"/>	Payment. Cheques and Money Orders to be made payable to "The Commissioner of Police". Money Order vouchers cannot be accepted and will be returned.
<input type="checkbox"/>	Application lodged in person at the Information Release Centre, or by post to LOCKED BAG 20, PERTH BUSINESS CENTRE WA 6849.

For more information about Abridged Incident Reports visit www.police.wa.gov.au/Police-Direct/Apply-for-Information

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