

65 Homebush Road, Strathfield NSW 2135 PO Box 120, Strathfield NSW 2135 Telephone 02 9748 9999 | Facsimile 02 9764 1034 Email council@strathfield.nsw.gov.au Web www strathfield.nsw.gov.au ABN 52 719 940 263

SUPPRESSION OF PERSONAL INFORMATION FROM A PUBLIC REGISTER

(under Section 58 of the Privacy and Personal Information Protection Act 1998)

PART 1 - Details of A	Applicant		
Title M.R.	Given Name/s	Surname DATTA.	
Address		HOMEBUSH WEST	Postcode 2140
Contact Phone Number D Applicant's Signature	uring Business Hours	Date 23.	8, 2023
PART 2 – Request for Please suppress the follow RrSi	denticl Address, ice of other	entic Register(s): Employer Dofails, far Income and any other	ty Affiliation Personal
Reasons for suppression	(please supply copies of supporting docum	, frivacy and Unsolic	iled

Information for Applicants

If Council is satisfied that the safety or well-being of any person would be effected by not suppressing the personal information as requested, Council will suppress the information in accordance with the request, unless it is considered that the public interest in maintaining public access to the information outweighs any individual interest in suppressing the information. Well-being means "the good or satisfactory condition of existence; welfare."

PRIVACY personal information requested by this form is required under the Privacy and Personal Information Protection Act 1998 and will only be used in connection with the requirements of this legislation. The information is held by Council and access is restricted to Council officers and other authorised people. You may apply to access or amend the information. Refer to www.strathfield.nsw.gov.au/council/policies-plans-and-regulations/privacy-management for details.

Send Applications To:

The Public Officer Strathfield Municipal Council PO Box 120, Strathfield NSW 2135

Administration Centre: 65 Homebush Road, Strathfield NSW 2135

Phone: 02 9748 9999

Fax: 9764 1034

Email: council@strathfield.nsw.gov.au



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PART 1 – Details of Applicant	TO THE STATE OF TH
Title Given Name/s Surname	
CR KAREN PENSABENE	
Address	Postcode
Breakfast Point	2137
Contact Phone Number During Business Newrs	
Applicant's Signar	
9/8/2	023
PART 2 – Request for Suppression	March 1985
Please suppress the following information from Council's Public Register(s):	
MY HOME ADDRESS & Phone Number	
Please nominate the public registers known:	
?	
•	
Reasons for suppression (please supply copies of supporting documents):	
PRIACY REASONS.	
	4 9 4 1 1 9 7
Information for Applicants	
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PART 1 – Details of	Applicant			はなるのではいい		
Title	Given Name/s		Surname			
MRS	KARRIS	ANDHYA	REDDY			
Address				Postcode		
	strat	yield Sou	Th-NSW	2136		
	ness Hours					
	·			5 9		
Applicant's Signature			Date 22-0	08-2023		
PART 2 - Request f	or Suppression		NOTE VINE LET			
PART 2 – Request for Suppression Please suppress the following information from Council's Public Register(s):						
My how	re oddreu	, and wo	K details			
Please nominate the pul	blic registers known:					
				-		
Reasons for suppression	n (please supply copies of suppo	orting documents):				
I would like to suppress my home address to Protect my family from public						
101701		Jamey 12	iom public			
Information for App	licants	PROFESSION OF THE PARTY				
If Council is satisfied th	at the cafety or well-bein	g of any person would h	e effected by not suppressing t	the personal information as		

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