I wish to apply for a *Territory Records Act 2002* Section 28 declaration to prevent public access to the following records. In applying for this declaration I acknowledge the records could still be accessible through certain exempt provisions of the *Freedom of Information Act 2016*.

### Applicant Agency Details

**Agency:**

**Business Unit:**

**Authorised Officer Name & Phone:**

**Authorised Officer Signature:**

---

### Record Details for publication on the Register

- **Record No.:**
- **Folio No.:**
- **Date Created:**

**Title:**

**Records Disposal Schedule Name & Class No.:**

**Function/Activity:**

**Record Description:**

---

### Exemption category under which the Section 28 exemption is being sought

Disclosure of the record would, or could be reasonably expected to:

- [ ] Endanger the life or physical safety of a person
- [ ] Prejudice law enforcement
- [ ] Unreasonably disclose information about any person (including a deceased person)
- [ ] Contempt of court or the Legislative Assembly
- [ ] Infringe on legal professional privilege that record is subject to

### Justification

The exemption category has been selected from the applicable categories listed above and to assist in clarifying the justification, please provide as much information as possible to enable an assessment of how the exemption category relates to the records for which an exemption is being sought. The Director may inspect the records for which this application is being made.
Territory Records Office Use Only

Determination by the Director of Territory Records

☐ Exemption Granted under Section 28 of the Territory Records Act 2002
Exemption Number

☐ Exemption not granted. See explanatory notes below.

Explanatory notes for Exemption not granted

☐ Notified Business Unit Contact Office of application outcome

Director’s Signature: ___________________________ Date: ______________________

Agency Record Exemption Registration

☐ Details exempt record entered into Agency Section 28 Declarations Register

Officer name: ___________________________
Position: ___________________________
Signature: ___________________________ Date: ______________________