



THE MINISTRY OF INFRASTRUCTURE, TRANSPORT, DISASTER MANAGEMENT AND METEOROLOGICAL SERVICES

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Ministry of Infrastructure, Transport
Disaster Management & Meteorological
Services

Historical Meteorological Data Request Form

A. Client Information

Name: _____

Organisation/Affiliation: _____

Address: _____

Postal Address (if different from the above): _____

Phone: _____ Fax: _____

Email: _____

B. Purpose of the Request

Provide details of the purpose for this request (attach additional pages if required). If the request is for academic research, then attach a detailed research proposal. Please note that approval of data release is subject to project relevancy.

C. Details of the data

Provide details of the required data. Be as specific as possible about meteorological variable/s, time resolution, location/s and data period.

Location: _____

Meteorological Variable (e.g. rainfall, pressure, sunshine, etc): _____

Time Resolution (10 minutes, hourly, daily, monthly or annual): _____

Data Period: _____

Mode of delivery:

- Email Post Collect Fax

D. Declaration

I hereby undertake neither to transfer nor to sell for whatever reason whatsoever the data supplied by Fiji Meteorological Service.

Moreover, if this study is published, I undertake to:

- Acknowledge clearly " FIJI METEOROLOGICAL SERVICE" as having supplied the data in question; and
- Supply a copy of the study, once this is finished, to the Fiji Meteorological Service.

Signature: _____ Date: _____

Stamp

E. For Official Use Only

Technical Vetting:

Signature: _____ Date: _____

Divisional Manager's Approval/Recommendation/s:

Approved Not Approved

Signature: _____ Date: _____

Director of Meteorology's Approval:

Approved Not Approved

Signature: _____ Date: _____

Send completed form or queries on data to: climate@met.gov.fj