



MINISTRY OF PUBLIC WORKS, TRANSPORT AND METEOROLOGICAL SERVICES

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Website : www.mims.gov.fj

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 this request is for academic research, then attach a detailed research proposal. Please note that approval of data release is subject to project relevancy.

Send your completed form or questions to: climate@met.gov.fj or fmscustomer@met.gov.fj

C. Details of the data

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

Location: _____

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

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

Data Period: _____

Mode of delivery:

Post Fax Email Collect

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

Send your completed form or questions to: climate@met.gov.fj or fmscustomer@met.gov.fj

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 your completed form or questions to: climate@met.gov.fj or fmscustomer@met.gov.fj