

Copy to: Decision Maker [] FOI Call Centre [] Application Ref No:



Application for access to records in accordance with the Freedom of Information Act, 2014.

1. Details of Requester (PLEASE USE BLOCK CAPITALS)

Surname	Maiden Name	First Name(s)	
Address			
Date of Birth			
Tel (home):	Tel (business):	Mobile:	E-mail:
Please indicate if you do not wish any of the above details to be used to contact you:			

2. Personal Information (If request is for non-personal information, go to 3. below)

(a) Before you are given access to your personal information, you will need to provide certified state issued proof of your identity (Passport, Driving Licence). **A copy of the identifying document accompanies this Form:** [] Yes [] No (*tick one*)

(b) If you are requesting personal information in respect of another person, the consent of that person is also required. **A copy of this consent accompanies this Form:** [] Yes [] No (*tick one*)

3. My preferred Form of Access is: (*please tick one*)

(a) To receive photocopies [] (b) To inspect the original record []

(c) Other format [] (*Please specify*):

4. For Office Use Only

Date Received			Signed:
Date Acknowledged			Signed:
Identity Confirmed	[] Yes [] No		Signed:
Consent Verified	[] Yes [] No		Signed:
Access Granted	[] Yes [] No	Date	Signed:
Level of Access	In full [] Yes [] No	Partial [] Yes [] No	Fees Applied [] Yes Amount:€ [] No
Amount of records processed in response to request in terms Pages: _____			

