(RMD 6)

FOI Application Form Request for Access to Records under the Freedom of Information Act, 2014

Please address this request to the relevant FOI Contact Person PLEASE USE BLOCK LETTERS

PLEASE USE BLUCK LETTERS	
Request for Records in relation to	D:
Deta	ils of Applicant
Surname:	
First Name:	
Postal Address:	
	eking records on;
Telephone Number(s) Office Use Only	
Home:	Date FOI Request Received
Business:	Identify Verified
Mobile:	Consent Confirmed
Personal Information	
Form of Access	
My preferred form of access is:	(please tick as appropriate)
☐ to receive copies of the record	s by post
Other – please specify	
Details of Request	
In accordance with Section 7 of the records which are:	Freedom of Information Act, I request access to (please tick as appropriate)
Personal Non-personal	

you have obtained their written consent of that person		
I request the following records:		
	_	
Please sign here:	Date:	

In the space provided below, please describe the records as fully as you can. If you are requesting **Personal Information**, please state precisely, in whose name those records are held. You will not normally be given access to personal information of another person unless