# FOI APPLICATION FORM

REQUEST FOR ACCESS TO RECORDS UNDER THE FREEDOM OF INFORMATION ACT 2014

## Applicant Details

*My contact details are:*

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Postal Address** |  |
| **Daytime contact number(s)** |  |
| **Email address:** |  |

## Form of access

*My preferred form of access is:*

|  |  |
| --- | --- |
|  | [ ]  **Receive copies by post** |
|  | [ ]  **Other (please specify)** |

## Details of Request

*In accordance with Section 12 of the Freedom of Information Act 2014, I request access to records which are:*

|  |  |
| --- | --- |
|  | [ ]  **Personal\*** |
|  | [ ]  **Non-personal** |

\*If you’re requesting personal information, you *must* provide identification. Please send a *copy* of one of the following: Birth Certificate, Driver’s Licence, Passport, Social Welfare Card.

|  |  |
| --- | --- |
| **Identification provided:** |  |

## Description of Records

In the space provided, please describe the records as fully as you can. You should also be as specific as possible to enable the information to be identified easily and, if possible, indicate the time-frame that applies to your request, for example: “between May 2013 and December 2013”.

If you’re requesting Personal Information, please state precisely in whose name the records are held. It is not usual to be given access to personal information of another person unless you have obtained the written consent of that person.

*I request the following records:*

|  |
| --- |
|  |

## Solicitor’s Details

If a solicitor is acting on your behalf, please provide their contact details below:

|  |  |
| --- | --- |
| **Solicitor’s Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Fax:** |  |

If you need help in completing the application form, contact us at:

Freedom of Information Unit

Léargas

King’s Inns House

Parnell St

Dublin 1

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(01) 877 1220