

Sligo County Council



Please use BLOCK letters

Details of Applicant

Surname: _____

First name: _____

Postal address: _____

Telephone Number(s)

Home: _____ **Business:** _____ **Mobile:** _____

***Personal Information:** Before you are given access to personal information relating to yourself, you may be asked to provide proof of your identity, i.e. Birth Certificate, Driving Licence, Passport.

Form of Access

My preferred form of access is:

(Please tick as appropriate)

To receive copies of the records by post

Other – please specify _____

Sligo County Council



Details of Request

In accordance with section 7 of the FOI Act, I request access to records which are:

(Please tick as appropriate) Personal Non-personal

(In the space provided 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 the personal information of another person unless you have obtained the written consent of that person)

I request the following records: _____

SIGNATURE: _____

DATE: _____