



FREEDOM OF INFORMATION ACT 2014
REQUEST FOR ACCESS TO RECORDS

Please use BLOCK letters

Surname: _____

First Name: _____

Postal Address: _____

E-Mail Address: _____

Telephone Number(s): Home: _____ Mobile: _____

Business: _____

Personal Information

Before you are given access to personal information relating to yourself, you may be asked to provide proof of your identity.

Form of Access

My preferred form of access is:

(please tick as appropriate)

to receive copies of the records by post

other - please specify

In accordance with Section 12 of the FOI Act, I request access to records which are:

(Please tick as appropriate)

Personal

Non-personal

(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 you have obtained the written consent of that person.)

I request the following records:

PLEASE SIGN HERE: _____

DATE: _____