

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

- STANDARD REQUEST FORM -

etails of Applicant: urname:	
rst name:	
ostal Address:	
ontact no {daytime}:	
mail address:	
orm of Access: ly preferred form of access is (tick as appropriate):	
Receive copies of the records by post	
Other – please specify	
etails of Request: accordance with Section 12 of the Freedom of Information Act 2014. I request access to ecords which are (please tick as appropriate):	
Personal*	
Non-personal	
DENTIFICATION MUST BE PROVIDED BY THE PERSON REQUESTING INFORMATION WHERE TIEQUEST IS PERSONAL IN NATURE	ΉE
ailure to provide identification will delay the processing of your application	
OPIES ONLY of Birth Certificate, Driver's Licence, Passport or Social Welfare Card	
lentification Provided*:	

Records Description:

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 which applies to your request e.g. between May 2013-December 2013.

If you are requesting **Personal Information**, please state precisely, in whose name those 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 follow	ing records:		
If a solicitor is acting	g on your behalf, plea	ase give their name and address belo	ow:
Solicitor's Name:			
Address:			
Address:			
Email:			
Telephone:			
Fax:			
The FOI Officer will	h		: info ati a
Our contact details		u in completing your application for	illiorillation.
Freedom of Informa			
Cavan and Monagh			
Administration Cen			
Market Street			
Monaghan			
Telephone: 00353 4	17 30888 Email: <u>foi@</u>	<u>cmetb.ie</u>	
Signature of Applica	ant:	Date:	
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METB will use the data you provide solely for the purpose intended. The information will only be disclosed as permitted by law.