



Freedom of Information Application Form

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 Borough 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: _____



Fees

An application fee must accompany all FOI requests for non-personal records, received on or after 7th July 2003 and your request cannot be processed until the fee has been submitted. The application fee is currently €15 and a reduced fee of €10 applies if you are covered by a medical card.

If claiming a reduced application fee, the request must also be accompanied by

- The Medical Card registration number
- The name of the issuing Health Board
- Your consent to the verification of these details with that Health Board

Payment should be made by way of **bank draft, money postal order, or personal cheque** made payable to Sligo Borough Council.

Please post your application including the fee to:

Freedom of Information Officer
Communications Office
Sligo County Council
Riverside
Sligo

PLEASE NOTE THAT A REQUEST WILL NOT BE PROCESSED UNLESS THE FEE IS INCLUDED WITH THE APPLICATION.

OFFICE USE ONLY

Date FOI Request Received: _____

Fee Received: _____

Reference number: _____