

**Request for Access to Records under the
Freedom of Information Acts, 2014**

To : Freedom of Information Officer
Donegal County Council
The County House
Lifford
Co. Donegal

Please use **BLOCK** letters

Details of Applicant

Surname: _____

First Name: _____

Postal Address: _____

Telephone Number(s):

email address

Home : _____

Business: _____

Mobile: _____

Details of Request

In accordance with Section 12 of the Freedom of Information Act 2014, I wish to request access to the following records which I believe to be held by Donegal County Council *(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.)*

I understand that I will not normally be given access to the personal information of another person unless I have obtained the written consent of that person.

My preferred form of access to these records is: (Tick whichever is appropriate);

View original records: ☐

Receive copies by post: ☐

Receive electronically: ☐

Other (please specify): ☐

Signature:- _____

Date:- _____

Official Use

Date Received:

Identity Verified:

Consent Confirmed: