

# Request for Access to Records under the Freedom of Information Act, 2014

For the Attention of FOI Officer, Department of Health, Block 1, Miesian Plaza,  
50 – 58 Lower Baggot Street, Dublin2, D02 XW14

Please use BLOCK letters

## Details of applicant

Surname: \_\_\_\_\_ First Name \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Telephone Numbers & Email

Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

## Office Use Only

Date FOI Request Received: \_\_\_\_\_  
Application Fee Received: \_\_\_\_\_  
Identity Verified: \_\_\_\_\_  
Consent Confirmed: \_\_\_\_\_

## Personal Information

*You will not normally be given access to personal information of another person unless you have obtained the written consent of that person. If you are requesting personal information, please give any variations which may be relevant e.g. Murphy and O'Murchú. Before you are given access to personal information, the Department will require proof of identity.*

In accordance with Section 12 of the FOI Act, 2014, I request access to records which are: (Please tick as appropriate)  Personal  Non-personal

## Form of Access

My preferred form of access is: (Please tick as appropriate)  
 To receive copies of the records by post  
 Other - please specify: \_\_\_\_\_

## Details of Request

I request the following records: *Please describe the records as fully as you can*

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_