

**FREEDOM OF INFORMATION ACT 2014  
REQUEST FORM**

**YOUR DETAILS (PLEASE USE BLOCK LETTERS)**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number(s):**

Home: \_\_\_\_\_ Business: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

**YOUR REQUEST**

There are three types of request you can make under FOI legislation – please fill in either

1. Section 12 - **Access to Records**, 2. Section 9 - **Amendment to Personal Records** or
3. Section 10 - **Reason for Decisions**.

**1. Section 12 – Access to Records**

In accordance with Section 12 (access to records) of the Freedom of Information Act 2014, I request access to records, which are:

**Personal**  **Non Personal**

Before you are given access to personal information relating to yourself you must provide us with a copy of your Birth Certificate or Driving Licence or Passport and another form of identity such as a telephone, gas or electricity bill.

**FORM OF ACCESS** - My preferred form of access is: (please tick as appropriate)

To receive photocopies:  To inspect the original record:

Other format (Please specify):  \_\_\_\_\_

In the space below, please **describe the records as fully as you can**, as this will assist SOLAS in dealing with your application. 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.*

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**2. In accordance with Section 9** (amendment of personal information) of the Freedom of Information Act 2014, I request an amendment to personal information.

In the space below, please indicate which **information is incomplete, incorrect or misleading** and provide the correct version of same.

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**3. In accordance with Section 10** (reasons for decisions) of the Freedom of Information Act 2014, I request a reason for a decision which affects me personally.

In the space below, please describe as fully as you can the **decision or act** of SOLAS which has affected you and about which you are making your request.

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REQUEST FORM**

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**If you require more space to complete your request please attach extra pages.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please send your completed application form to:

**Freedom of Information Unit, SOLAS, Castleforbes House, Castleforbes Street,  
Dublin 1 or email it to [foi@solas.ie](mailto:foi@solas.ie)**

**Telephone: 01-5332392**

FREEDOM OF INFORMATION