Application Form

Request to Fáilte Ireland for Access to Records under the Freedom of Information Act 2014.

Details of requester (Please use BLOCK CAPITALS)		
	Surname First names(s) Address	
	Daytime telephone no. Email address	
Type of records requested Under Section 12 of the FOI Act, I request access to records which are:		
(Please tick) Personal records □	Non-personal records $\ \square$ Both personal and non-personal records $\ \square$	
Before we release personal information to you, we may ask you to produce identification such as a birth certificate, driving licence, passport or other form of identity.		
seeking. If you are requesticreated.	s as fully as you can. If possible, please state the date or approximate date of the records you are ing personal information, please state your exact name and address at the time the record was are will assist our FOI Unit in dealing with your request.	

Application Form

Form of access Please state your preferred form of access to the records (please tick)			
I would like to receive photocopies of the records I would like to receive copies on CD I would like to inspect the originals Other format (please specify)			
Application			
I request access to the above records under Section 12 of the Freedom of Information Act 2014.			
Signed			
Date			
Please send this application to:			
Freedom of Information Unit Fáilte Ireland 88-95 Amiens Street Dublin 1			
Office Use Only			
Request received			
Identity verified Fo	orm of identity		
Request passed to relevant Division			
FOI ref no			