

Application Form

Request to Fáilte Ireland for Access to Records under the Freedom of Information Acts, 1997 and 2003

Details of requester (Please use BLOCK CAPITALS)

Surname _____

First names(s) _____

Address _____

Daytime telephone no. _____

Email address _____

Type of records requested

Under Section 7 of the FOI Acts, I request access to records which are:

(Please tick)

Personal records

Non-personal records

Both personal and non-personal records

Note: Requests for records that contain non-personal information must be accompanied by a fee of €15 (or €10 if you are a medical card holder). There is no fee for personal information. Payment must be by cheque, bank draft or postal order.

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.

Details of request

Please describe the records as fully as you can. If possible, please state the date or approximate date of the records you are seeking. If you are requesting personal information, please state your exact name and address at the time the record was created. The details you provide here 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 7 of the Freedom of Information Acts 1997 and 2003.

Signed _____

Date _____

Please send this application (*and the appropriate fee*) to:

Freedom of Information Unit
Fáilte Ireland
88-95 Amiens Street
Dublin 1

Office Use Only

Request received _____ Fee received _____

Identity verified _____ Form of identity _____

Request passed to relevant Division _____

FOI ref no. _____