

***Request for information under the Freedom of Information Act, 1997 and the
Freedom of information (Amendment) Act, 2003***

Details of applicant

*Please use **BLOCK** capitals*

Surname:

First Name:

Postal Address:

Email Address:

Telephone Number(s)

Home

Business

Mobile

Office Use Only

Date FOI Request Received

Identity verified

Consent confirmed

Fee paid

Signature

Form of access

My preferred form of access is:
(please tick as appropriate)

to receive copies of records by post

other – please specify

Details of request

In accordance with Section (7) of the FOI Act, I request access to records which are:

(please tick as appropriate)

Personal

Non personal

(In the space provided please describe the records as fully as you can. In formulating your request you may wish to consult the Section (15) Reference Book published by the National Cancer Registry. If you are requesting personal information, please state precisely in whose name those records are held. You will not normally be given access to personal information of another person unless you have obtained the written consent of that person).

I request the following records:

Amount of fee enclosed:

Signature:

Date: