

## SUBJECT ACCESS REQUEST FORM

This form is to be used when an individual wishes to access personal data held by Forest of Dean District Council.

PLEASE SELECT ONE OF THE FOLLOWING:

I am the Data Subject. I am requesting my own personal information

I am not the Data Subject. I am requesting information on behalf of someone else

### APPLICANT INFORMATION

|  |             |                               |  |
|--|-------------|-------------------------------|--|
| Title:   | First Name: |                               |  |
| Surname:   |             | Maiden/Other Names:           |  |
| Address:   |             |                               |  |
| Town/City:   |             | County:                       |  |
| Postcode:  |             | Telephone:                    |  |
| Contact Email Address:                                     |             |                               |  |
| How would you prefer to receive the information requested- |             |                               |  |
| Email <input type="checkbox"/>                             |             | Post <input type="checkbox"/> |  |

### IF YOU WISH TO BE REPRESENTED, PLEASE CONFIRM YOUR REPRESENTATIVE'S DETAILS

|                        |             |                     |  |
|------------------------|-------------|---------------------|--|
| Title:                 | First Name: |                     |  |
| Surname:               |             | Maiden/Other Names: |  |
| Address:               |             |                     |  |
| Town/City:             |             | County:             |  |
| Postcode:              |             | Telephone:          |  |
| Contact Email Address: |             |                     |  |

### CONSENT TO DISCLOSE TO YOUR REPRESENTATIVE

**This is to confirm that I give permission to my representative to obtain information for the sole purposes of this Subject Access Request.**

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**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### IDENTIFICATION

You must provide **two** forms of identification to confirm the identity of the Data Subject, one which confirms their identity and one which confirms their current address. Please send one document from each list below.

**Your representative** must confirm their identity and send a copy of their passport or driving license.

**Please do not send original documents, good quality photocopies are acceptable.**

|  |  |
|--|--|
| Passport <input type="checkbox"/>        | Utility Bill (within the last 3 months) <input type="checkbox"/>   |
| Driving License <input type="checkbox"/> | Bank Statement <input type="checkbox"/>  |
|  | Letter from a government department<br>(e.g. DWP/ Inland Revenue/ Revenues and Customs) <input type="checkbox"/> |

**INFORMATION REQUIRED**

Please select the Service from which you would like your personal information-

|                                      |  |   |
|--------------------------------------|--|---|
| Council Tax <input type="checkbox"/> | Legal <input type="checkbox"/>               | Environmental Services <input type="checkbox"/> |
| Benefits <input type="checkbox"/>    | Human Resources <input type="checkbox"/>     | Housing <input type="checkbox"/>                |
| Planning <input type="checkbox"/>    | Democratic Services <input type="checkbox"/> | Leisure & Communities <input type="checkbox"/>  |

Other:

Please give us any details about the information you are requesting, for example by stating specific documents you require or certain time periods:

**REPRESENTATIVE DECLARATION**

**WARNING – it is a criminal offence to obtain another person’s information by deception.**

I confirm I am the appointed representative of the Data Subject. I wish to receive a copy of the Data Subjects personal records and have included a copy of the relevant permission.

Representative’s Signature:

Date:

**SIGNATURE**

In exercise of the right granted to me under the terms of the General Data Protection Regulation, I request that you provide me with a copy of the personal data about me which you process for the purposes I have indicated above.

I confirm that I am the Data Subject and not someone acting on his/her behalf.

I hereby give my authority for the representative named above to make a Subject Access Request on my behalf under the General Data Protection Regulation.

Signature of applicant:

Date:

**Please send the completed form, along with all required proofs of ID or representation to:**

The Data Protection Officer  
 Council Offices  
 Coleford  
 GL16 8HG  
**OR** data.protection@fdean.gov.uk