



FREEDOM OF INFORMATION REQUEST FORM

NAME OF APPLICANT:

ADDRESS FOR CORRESPONDENCE:

TELEPHONE NUMBER:

DESCRIPTION OF THE INFORMATION REQUESTED:

SPECIAL REQUIREMENTS (e.g. information in a particular format or as a summary):

PREFERRED MEANS OF RECEIVING THE REQUESTED INFORMATION (please tick):

by post (first class unless stated below)

viewing in the Parish Office

by e-mail (give address below)

DATE OF THIS REQUEST:

SIGNED:

For official use only

Date received

Cost

Acknowledgement and advice of cost sent

Payment received

Information sent
