

REQUEST FOR ACCESS TO RECORDS

**under the Freedom of Information Act 1997,
as amended by the Freedom of Information (Amendment) Act 2003,**

For the Attention of the FOI Officer, Mental Health Commission, St. Martin's House, Waterloo Road,
Dublin 4

Please type or use BLOCK CAPITALS

Details of Applicant

Surname: First Name:

Home Address:

Telephone Numbers & E-mail

Home: Mobile:

Work:

E-mail:

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

- Personal Non-personal (application fee required)

Before you are given access to personal information relating to yourself, you may be asked to provide proof of identity.

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

- To receive copies of the records by post

Other – please specify:

Details of request

I request the following records: *Please describe the records as fully as possible*

SIGNATURE: _____ DATE: ____/____/____

Office Use Only

Date FOI Request Received:	
Application Fee Received:	
Identity Verified:	