



## Fordingbridge Town Council Subject Access Request Form

The Data Protection Act 2018 provides the right to access or examine personal information that we hold about you. To enable us to process your application promptly, please complete the following form:

If you are making this application on behalf of someone else, please also complete the Authorisation for Agent form and submit it along with this one.

Please complete the information below (in capitals):

1. Name and address of data subject:

|                 |  |
|-----------------|--|
| Title:          |  |
| First Names:    |  |
| Surname:        |  |
| Address:        |  |
|                 |  |
| Post Code:      |  |
| Daytime Tel No: |  |

If you have moved house within the past 12 months, please give your previous address. Please advise if you would like the search to include this or any other address.

|  |
|--|
|  |
|  |

2. Tick as appropriate:

☐

I make this application for data about me.

☐

I would like my agent \_\_\_\_\_ to deal with this application on my behalf and attach a signed authorisation form (attached).

3. Please indicate the period of time that you wish to be searched, tick as appropriate :-

(a) 12 months to application date.

☐

(b) 2 years to application date.

☐

(c) 5 years to application date.

☐

(d) Other – please give detail.

### Details of the request.

Please provide any information that would assist us in identifying the information you are interested in. This may be specific documents or information held in a particular service area or you may be interested in communications from a named individual:

|  |
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|  |
|--|

4. Bring **two** original forms of identity (a passport or driver's license and a utility bill for the named address).

I would like the reply to this request to be-

- ☐ E-mailed to me. Please provide email address ensuring it is accurate:  
.....
- ☐ Collected from your offices (you must bring evidence to confirm your identity)
- (tick as appropriate)

5. I confirm that to the best of my knowledge the information provided is correct.

|             |  |
|-------------|--|
| Print Name: |  |
| Signature:  |  |
| Date:       |  |

Please return to the address below **in person** along with your ID documents to:

**The Town Clerk**

**Fordingbridge Town Council, 23 Salisbury Street, Kings Yard, Fordingbridge, SP6 1AB**

### FOR OFFICE USE ONLY

Request acknowledgement sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Responded: \_\_\_\_/\_\_\_\_/\_\_\_\_

## AUTHORISATION OF AGENT FOR SUBJECT ACCESS

Please only complete this form if you would like to appoint an agent to act on your behalf.

This application for Subject Access is made on behalf of -

### Name of Data Subject:

|                       |  |
|-----------------------|--|
| <b>Title:</b>         |  |
| <b>First name(s):</b> |  |
| <b>Surname:</b>       |  |
| <b>Address:</b>       |  |
|                       |  |
| <b>Post Code:</b>     |  |

I am the above-named person and authorise Fordingbridge Town Council to give the information requested in this application to my agent whose name and address are given below.

|                                                      |  |
|------------------------------------------------------|--|
| <b>Signature or Mark of Person giving authority:</b> |  |
| <b>Date:</b>                                         |  |

### TO BE COMPLETED BY THE AGENT

#### Name of Agent:

|                        |  |
|------------------------|--|
| <b>Title:</b>          |  |
| <b>First Name(s):</b>  |  |
| <b>Surname:</b>        |  |
| <b>Address:</b>        |  |
|                        |  |
| <b>Post Code:</b>      |  |
| <b>Daytime Tel No:</b> |  |

|                                                       |  |
|-------------------------------------------------------|--|
| <b>What is your relationship to the Data Subject?</b> |  |
|-------------------------------------------------------|--|

I declare that I make this application on behalf of and solely in the interest of the named Data Subject. To ensure confidentiality I accept that you may need to make further enquiries to validate this authorisation.

|                                   |  |
|-----------------------------------|--|
| <b>Signature or Mark of Agent</b> |  |
| <b>Date:</b>                      |  |