



## FOI Request Form

### Request for Access to Records under Freedom of Information Acts 1997 and 2003

Please use BLOCK letters

Applicant details	
Title:	Mobile no:
First name:	Landline:
Surname:	Email address:
Postal Address:	

Form of access	
By post:	<input type="checkbox"/>
Inspection at Commission offices <sup>1</sup> :	<input type="checkbox"/>
In audio format:	<input type="checkbox"/>

Office use only	
Date FOI request received:	
Identity verified (Y/N, method):	
Consent confirmed (Y/N):	

<sup>1</sup> This will require an appointment with the FOI officer or appointed representative. The Commission is based at 35 Fitzwilliam Square, Dublin 2. The Commission will not be responsible for any costs incurred in visiting its offices for such an inspection.

**Details of request****Nature of request:**

- **Access to records (Section 7 request)**
- **Amendment to personal records (Section 17 request)**

**Access to records (Section 7 request)**

**In the space below, please describe the records as fully as you can, as this will assist the Commission's FOI Officer in dealing with your application. If you are requesting personal information, please state precisely in whose name those records are held. You will not normally be given access to the personal information of another person unless you have obtained the written consent of that person. Before you are given access to personal information relating to yourself, you may be asked to provide proof of your identity.**

**Amendment to personal records (Section 17 request)**

**In the space below, please indicate which information is incomplete, incorrect or misleading and provide the correct version of same.**

**Reason for Commission decision**

**In the space below, please describe as fully as you can the decision or act of the Commission which has affected you and about which you are making your request.**

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

Personal

Non-Personal

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that requests for non-personal information must be accompanied by a €15 fee or a reduced fee of €10 if you are a medical cardholder (copy or details of medical card required).

Completed forms should be returned along with payment of relevant fee to:

Freedom of Information Officer,  
Commission for Taxi Regulation,  
35 Fitzwilliam Square, Dublin 2.  
Telephone: +353 1 6593820  
Fax: +353 1 6593801