



FREEDOM OF INFORMATION
INFORMATION REQUEST FORM



Name of Applicant:	
Address	Tel:
	E-mail:
Nature of request (please be as specific as possible)	
Do you have any special requirements, e.g. visual impairment? If so, we will contact you to discuss these requirements.	
If the information requested is held by a third party, may we forward your request to that third party?	

Signed.....

Date.....

THIS SECTION IS FOR LIBRARY USE ONLY

Ref no	
Date received	
Processed by (name of member of staff)	