



# Freedom of Information Request Form

Send this form direct to the Disability Services Commissioner together with the application fee.

## FREEDOM OF INFORMATION REQUEST

Date: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone contact no. (Home): \_\_\_\_\_

(Business): \_\_\_\_\_

I would like access to the following document(s):

Indicate whether you would like to inspect the documents and/or obtain a copy of the documents:

I want a copy of the document(s) .....

I want to inspect the document(s) .....