



Data Protection Act 1998

SUBJECT ACCESS APPLICATION FORM

Please ask for:

Application No: DP _____

The Data Protection Act provides Data Subjects with a right to data held about themselves.

This form is only to be used when making application for access to personal data held by Suffolk Coastal District Council.

To enable this Authority to deal promptly with this request for access and to satisfy the legal requirements placed upon it to ensure the identity of the Data Subjects and that access is given to the data required, please complete the following:

I understand that it may be necessary for the Authority to obtain more detailed information in order to be satisfied as to my/the Data Subject's identity, locate my/the Data Subject's personal data and that the period in which the Authority must, under law, respond will not commence until they are satisfied.

Please quote Application No. _____ on all correspondence.

Further information can be obtained from the Data Protection Officer at the above address.

PLEASE USE BLOCK CAPITALS

For Use By All Applicants

1. Applicant's Surname: _____ Title: _____

Forenames: _____

Address: _____

Post Code: _____ Tel No: _____

2. Are you (a) The Data Subject? _____ * YES/NO

If the answer to (a) is YES please go on to Question 3. If NO please answer (b).

Are you (b) An Agent for the Data Subject with Written Authority? _____ * YES/NO

If the answer to (b) above is YES, please attach a copy of the authority to act on the Data Subject's behalf and enter the name and address of the Data Subject in Section 4.

If the answer to (b) above is NO, please answer the following:

What is your relationship to the Data Subject? _____

Can you provide confirmation of your entitlement to act on the Data Subject's behalf? _____ * YES/NO

* Delete as appropriate.

3. Please use this space to give any information which you feel will be useful in helping to locate the data in which you are interested (e.g. account or reference number).

4. For Use by Agent of the Data Subject Only

Please provide the Data Subject's name and address in the space provided:

Data Subject's Surname: _____ Title: _____

Forenames: _____

Address: _____

Post Code: _____ Tel No: _____

5. I certify that the information given is to the best of my knowledge and believe correct.

I enclose the fee of £10.00.

Signed: _____ Date: _____

6. When completed this form, together with the fee of £10.00, should be sent to:

Suffolk Coastal District Council
Data Protection Officer
Finance Department
Melton Hill
WOODBIDGE
Suffolk IP12 1AU

FOR OFFICIAL USE ONLY

Date Received:

Date Identity Confirmed: By: _____

Date Authorisation Checked: By: _____

Passed To: Dept. on By: _____

Date Extracted: From By: _____
System

Fee Paid: Cheque: Cash: Date: