

# Meath County Council

## Access Request Form

Under the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) and Data Protection Act 2018, Data Subjects have the right to request access to Personal Data held by Meath County Council (the Council).

### Please Note

1. A request can be made in writing in physical or electronic format e.g. by letter or email and sent to [dataprotection@meathcoco.ie](mailto:dataprotection@meathcoco.ie)
2. Requests must be accompanied by photographic identification **and** proof of address to help verify identity of requester.
3. The Council will respond to your request for your personal data within one month. However, where complex requests are received, the response period may be extended by a further two months.
4. Where requests are excessive, of a repetitive nature or where more than one copy is requested, a fee may apply.
5. If the application is made through a solicitor, a signed form consenting to the release of data to the solicitor is required.
6. Third-party requests received on behalf of a data subject must also include photographic identification **and** proof of address for the third-party.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not obliged to complete this form to make a request but doing so will make it easier for us to process your request in a more timely manner.

For further information on how your personal data is processed please refer to the Council's Access Request Policy and privacy notices at <https://www.meath.ie/council/your-council/your-data-and-access-to-information/data-protection/privacy-notice>

**Please complete all parts.**

**SECTION 1: Details of the Data Subject**

<b>Name:</b>	
<b>Address:</b>	
<b>Contact telephone number:</b>	
<b>Email address:</b>	

**SECTION 2: Details of Request**

To assist us in identifying and locating the personal data you are requesting, please specify below:

**THE INFORMATION YOU ARE LOOKING FOR**

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**PLEASE TICK THE DEPARTMENT YOU WERE DEALING WITH**

<input type="checkbox"/>	Arts Office	<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Age Friendly Programme	<input type="checkbox"/>	Information Technology (IT)
<input type="checkbox"/>	Community	<input type="checkbox"/>	Local Enterprise Office (LEO)
<input type="checkbox"/>	Corporate Affairs & Governance	<input type="checkbox"/>	Library
<input type="checkbox"/>	Economic Development	<input type="checkbox"/>	Motor Tax
<input type="checkbox"/>	Environment	<input type="checkbox"/>	Planning
<input type="checkbox"/>	Finance – Loans/Rents	<input type="checkbox"/>	Tourism
<input type="checkbox"/>	Fire Office	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>	Water Services
<input type="checkbox"/>	Housing	<input type="checkbox"/>	

**PLEASE SUPPLY ANY ACCOUNT/REFERENCE NUMBER(S)**

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**PLEASE SPECIFY RELEVANT DATES OR TIMELINE INVOLVED: (i.e. the relevant dates e.g. 01 January 2021 – 31 December 2021 for which you are seeking the personal data):**

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### ***SECTION 3: Verification of Identity***

In order for us to verify your identity, please provide:

- 1.** Copy of **one** of the following forms of photographic identification:
  - Current Passport
  - Current Driving Licence
  - Public Services card

**And**

- 2.** Copy of a recent Utility Bill or Government issued Letter.

### ***SECTION 4: Declaration***

**Data Subject Declaration:**

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates.

**Name:**

**Signature:**

**Date:**

**Section 5: Permission for a Third Party to Access Personal Data**

**Part 1: Data Subject**

**Full name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that \_\_\_\_\_ (insert name of third party) may receive personal data on my behalf for the following purpose:

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Data Subject**

**Part 2: Third Party**

**Full name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Telephone no.:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

I confirm that I will take suitable and specific measures to safeguard the fundamental rights and freedoms of the person this enquiry relates to.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Third Party**

**For office use only:**

Check box if complete

- |                           |                          |                                  |                          |
|---------------------------|--------------------------|----------------------------------|--------------------------|
| <b>1.</b> Data Subject ID | <input type="checkbox"/> | <b>2.</b> Data Subject Signature | <input type="checkbox"/> |
| <b>3.</b> Third Party ID  | <input type="checkbox"/> | <b>4.</b> Third Party Signature  | <input type="checkbox"/> |

### Application Checklist

Please check that you have:

1. Completed the Subject Access Request (SAR) form in full?
2. Signed and dated the SAR form?
3. Included photographic identification for all parties?
4. Included the data subjects signed consent?
5. Included evidence of address for all parties?

**Please Tick**

  
  
  
  

### Please return the completed form to:

**Postal Address:** Data Protection Officer  
Meath County Council  
Buvinda House  
Dublin Road  
Navan  
Co Meath  
C15 Y291

**Email:** [dataprotection@meathcoco.ie](mailto:dataprotection@meathcoco.ie)

**Telephone:** 046-9097000