



## SUBJECT ACCESS REQUEST FORM

Details of the person requesting the information

**PLEASE USE BLOCK CAPITALS**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address:

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Post Code: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Delete as appropriate:-

(a) I make this application for data about me.

(b) I would like my agent (name) \_\_\_\_\_ to deal with this application on my behalf and attach a signed authorisation form Appendix A.

Please describe the information you seek, together with any other relevant information that will help us to identify the information you require. If you can be specific about a particular Council Service(s) please tick the appropriate services(s)/departments



I would like the reply to this request to be-

- \* Sent to my home address
- \* Sent to my authorised agent (if appointed)
- \* Collected from your offices (you must bring evidence to confirm your identity)

\*(Delete as appropriate)

I understand that to ensure confidentiality it may be necessary for the Council to obtain further information to confirm my identity and locate the data sought.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

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**FOR OFFICIAL USE ONLY**

**Date Received :** \_\_\_\_\_

**Enquiry handled By:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_ **cheque/cash** **Request Acknowledgement Sent:**  
\_\_\_\_\_

**Date responded:** \_\_\_\_\_



**DATA PROTECTION ACT 2018**

**AUTHORISATION OF AGENT FOR SUBJECT ACCESS**

**TO BE COMPLETED BY THE APPLICANT**

This application for Subject Access is made on behalf of -

**Name of Applicant:** \_\_\_\_\_

I am the above-named person and authorise Taunton Deane Borough Council to give the information requested in this application to my agent whose name and address are given below.

**Signature of Applicant:** \_\_\_\_\_

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

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**TO BE COMPLETED BY THE AGENT**

**Name of Agent:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**What is your relationship to the Applicant?**

\_\_\_\_\_  
\_\_\_\_\_

I declare that I make this application on behalf of and solely in the interest of the named Applicant. To ensure confidentiality I accept that you may need to make further enquiries to validate this authorisation.

**Signature of Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_