



Eastfield Town Council
Subject Access Request Form

A. Your details

Full name: _____

Previous name(s) if relevant: _____

Address: _____

Postcode: _____

Email: _____

Telephone: _____

Date of birth (optional, for ID matching): _____

B. Proof of identity

Please provide copies of:

- one photo ID; and
- one proof of address.

Type of ID enclosed: _____

C. Are you making this request:

- For yourself
- On behalf of someone else

If on behalf of someone else:

Name of data subject: _____

Your relationship to them: _____

Please provide written authority / evidence of legal authority.

D. What information are you requesting?

Please describe the personal data you want access to. Be as specific as possible.



Relevant dates or period: _____

Relevant service / matter / subject: _____

Relevant staff member(s), councillor(s) or committee(s), if known:

E. Preferred format

I would like the response:

- By email
- By post
- To collect in person
- Other: _____

F. Additional information

Please provide any extra details that may help locate your data:

G. Declaration

I confirm that the information I have given is correct and that I am the person named above, or I am authorised to act on their behalf.

Signed: _____

Print name: _____

Date: _____
