

Oifig Rialálaí an Chrannchuir Náisiúnta Office of the Regulator of the National Lottery

Request for access to records under the Freedom of Information Act 2014

Freedom of Information Officer
Office of the Regulator of the National Lottery
Block D
Irish Life Centre
Abbey Street Lower
Dublin 1
(01) 8727932
foi@rnl.ie

OFFICE USE ONLY

Date FOI Request Received: _____

Date Confirmation Sent: _____

Identity Verified: _____

Consent Confirmed: _____

PLEASE USE **BLOCK** LETTERS

Details of Applicant

| | |
|-----------------------------|----------------------|
| Title | <input type="text"/> |
| First Name | <input type="text"/> |
| Surname | <input type="text"/> |
| Address Line 1 | <input type="text"/> |
| Address Line 2 | <input type="text"/> |
| Address Line 3 | <input type="text"/> |
| Address Line 4 | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone (Home) | <input type="text"/> |
| Telephone (Business) | <input type="text"/> |
| Telephone (Mobile) | <input type="text"/> |
| Email | <input type="text"/> |

Personal Information

You will not normally be given access to personal information of another person unless you have obtained written consent of that person. If you are requesting personal information, please give any variations which may be relevant e.g. Murphy or Ó Murchu. Before you are given access to personal information the Office of the Regulator of the National Lottery will require proof of identity.

Form of Access

My preferred form of access is (please tick as appropriate)

By Post

Other (Please Specify)

Details of Request

In accordance with Section 12 of the FOI Act 2014, I request access to records which are (Please tick as appropriate):

Personal

Non-Personal

In the space provided below please describe the records as fully as you can. If you are requesting personal information, please state precisely in whose name those records are held. You will not normally be given access to personal information of another person unless you have obtained the written consent of that person. I request the following records:

Signature: _____ Date: _____