



**OFFICE OF THE DATA PROTECTION COMMISSIONER**

**ACCESS TO INFORMATION FORM**

**APPLICANT'S DETAILS**

Name:			
ID Number(optional):		County	
Mobile Number:		Email Address:	

**1 Summary of information being sought and purpose**

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**3. Method of access preferred?**

Original	Copies	Yes/No

**SIGN:** Sign here...

**DATE:** Write here...