Office of the Director of Public Prosecutions

## Freedom of Information Application Form

Please use BLOCK letters

#### DETAILS OF APPLICANT:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone Number(s):

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### FORM OF ACCESS:

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

* to receive copies of the records by post
* other - please specify

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### DETAILS OF REQUEST:

In accordance with section 12 of the Freedom of Information Act 2014, I request access to records which are (please tick as appropriate):

1. Personal **\***
2. Non-personal

**\* Personal Information: Before you are given access to personal information relating to yourself, you may be asked to provide proof of your identity.**

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 the personal information of another person unless you have obtained the written consent of that person:

I request the following records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PLEASE SEND YOUR COMPLETED APPLICATION TO:**

**Margaret Madden**

**Freedom of Information Officer**

**Office of the Director of Public Prosecutions**

**Infirmary Road**

**Dublin 7.**

**e-Mail:** [**foi@dppireland.ie**](mailto:foi@dppireland.ie)