



If you wish to receive copies of information held by the Council about you please complete and return this form.

### SUBJECT ACCESS FORM

Data Protection Act 2018

## Question 1

### Details of person requesting the information

Full Name: .....

Address: .....

.....

.....

.....

Phone No: ..... Fax No: .....

E-Mail: .....

## Question 2

### Are you the Data Subject (Person whose records you wish to see)?

**YES** If you are the Data Subject please supply evidence of your identity as follows, any two of:

- A driving licence
- Birth certificate (or photocopy)
- Passport

Please provide a stamped address envelope for the return of these documents or contact the Council once this form has been submitted to arrange an inspection of your identification.

***Please go to Question 5***

**NO** Are you acting on behalf of the Data Subject with their written authority?  
If so please provide

- That written authority and
- Two of the documents referred to above.

***Please go to Question 3 and 4***

**Question 3**

**Details of the Data Subject.** (If different to Question 1)

Full Name .....

Address:  
.....  
.....  
.....  
.....

Phone No: ..... Fax No: .....

E-Mail: .....

**Question 4**

**Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.**

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## Question 5

Please describe the information you seek together with any other relevant information. This will help to identify the information you require.

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**DECLARATION:** (To be completed by all applicants)

**Please note that any attempt to mislead may result in prosecution.**

I, ....., certify that the information given on this application form to Castle Point Borough Council is true. I understand that it is necessary for the Council to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature: .....

Date: .....

Please note that we are required by law to respond to you within one month of receiving this notice. If, however, the notice is incomplete or we have to make further enquiries this period starts from the date that those enquiries were completed.

Please return this form to Amaka Ozono, Assistant Solicitor, Castle Point Borough Council, Council Offices, Kiln Road, Benfleet, Essex, SS7 1TF. together with the following:

- a) evidence of your identity.
- b) evidence of the Data Subject's identity (If different from above) together with written authority.
- c) stamped addressed envelope for the return of your proof of identity documents or contact details to arrange an appointment to view the documents at the Council Offices.