| **INFORMATION RIGHTS form** |
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| This form is to be used when an individual wishes to exercise their information rights. **Cotswold District Council**  |
| **Applicant Information** |
| Title: | First Name: |
| Surname: | Maiden/Other Names: |
| Address: |
| Town/City: | County: |
| Postcode: | Telephone: |
| Contact Email Address: |
| How would you prefer to receive the information requested-Email Post  |
| **identification** |
| For reasons of security, the Council requires proof of your identity before it will process this request and release personal information. Are you the Data Subject?

|  |  |
| --- | --- |
| **YES** | You must provide proof that you are the Data Subject in the form of two documents which prove your identity. This could include: a passport, driving license, recent utility bill or bank or credit card statement. **At least, one of the documents must contain your signature and one your current address.** If your name is different from that shown on the documents, you must also supply documentary evidence to confirm the change of name, for example a marriage certificate. |
| **NO** | If you are not the Data Subject and are acting on their behalf with their written authority, that authority must be enclosed with this request form together with evidence of your identify and that of the Data Subject. |

**Please do not send original documents, good quality photocopies are acceptable.** |
| **Representative’s information (if you are requesting on behalf of a third party)** |
| Title: | First Name: |
| Surname: | Maiden/Other Names: |
| Address: |
| Town/City: |
| Postcode: |
| Contact Email Address: | Contact telephone number: |
| What authorisation have you enclosed? E.g.: Power of Attorney, Court Order stamped or Signed consent- |
| **WARNING – it is a criminal offence to obtain another person’s information by deception.**I confirm I am the appointed representative of the Data Subject. I have included a copy of the relevant permission. Representative’s Signature: |
| **NATURE OF INFORMATION REQUEST** | Tick the one that applies |
| Right to be Informed |  |
| Right of Access (to my personal Information) – *please complete a Subject Access Request Form.* |  |
| Right to Rectification (Correct an error) |  |
| Right to be Forgotten (Erasure of personal data) |  |
| Right to Restrict (use of my information) |  |
| Right to Data Portability  |  |
| Right to Object (to the use of my information) |  |
| **Please provide information about your request, such as:*** What information do you want access to?
* Which error needs correcting and how?
* What information you want erasing and why?
* How do you want the use of your personal information restricted?
* What use of your information do you object to and why?
 |
| **Request Details****Forest of dean district council uses personal data for a number of purposes. please tick the box to the service(s) that relates to your request. if it is not listed, write in the section ‘other’** |
| **Service** | **tick** | **in connection with** |
| **Housing** |  |  |
| **council tax** |  |  |
| **housing benefit** |  |  |
| **planning** |  |  |
| **environmental** |  |  |
| **waste management** |  |  |
| **legal** |  |  |
| **human resources** |  |  |
| **democratic & electoral** |  |  |
| **leisure & communities** |  |  |
| **licensing** |  |  |
| **customer services** |  |  |
| **community safety team** |  |  |
| **community wellbeing team** |  |  |
| **finance** |  |  |
| **regeneration** |  |  |
| **Counter Fraud unit** |  |  |
| **LAND REGISTRY** |  |  |
| **parking** |  |  |
| **disabled facilities grants** |  |  |
| **others** |  |  |
|  |  |  |
|  |  |  |
| **Please provide any additional information that you think may assist us to focus our search for your information (name of officers you have been in contact with, whether your request relates to particular issues or incidents and/or dates)** |
| **declaration** |
| I wish to exercise my rights under the Data Protection Legislation as I have indicated in Section XI certify that the information I have provided in this application form is trueI confirm that I am the Data Subject and not someone action on their behalf |
| Signature of applicant: |
| Date: |

**The information provided by you on this form will only be used to process your Information Rights request. Council staff may have to contact you to clarify your request or to check your identity.**

**Please send the completed form, along with all required proofs of ID or representation:**

**Data Protection Officer**

**Cotswold District Council**

**Trinity Road, Cirencester, GL7 1PX**

**OR** **data.protection@cotswold.gov.uk**