

**Dumfries and Galloway Council  
Data Protection Act 1998**

**SUBJECT ACCESS REQUEST FORM**

**Personal Details** (please print clearly in pen)

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (eve): \_\_\_\_\_

If you have lived at this address for less than two years or changed your name

Previous Name/Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Request Details**

The Council uses your personal data to provide you with a range of services. You can access the data we have about you for some or all of these services. Please tick the box beside the service(s) that you want to access, or if not listed, write it in beside 'Other'.

<b>Housing Benefit</b> <input type="checkbox"/>	<b>Rent Collection</b> <input type="checkbox"/>	<b>Council Tax</b> <input type="checkbox"/>
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<b>Building Control</b> <input type="checkbox"/>	<b>Planning</b> <input type="checkbox"/>	<b>Housing</b> <input type="checkbox"/>
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<b>Licensing</b> <input type="checkbox"/>	<b>Social Work Services</b> <input type="checkbox"/>	<b>Education</b> <input type="checkbox"/>
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<b>Personnel (recruitment)</b> <input type="checkbox"/>	<b>Library &amp; Leisure Services</b> <input type="checkbox"/>	
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<b>Environmental Health &amp; Consumer Protection</b>	<input type="checkbox"/>
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Other .....

Please provide additional information like reference number, name of school, library branch address, payroll number, previous surname, etc. that you think will help us to find your personal data.

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\_\_\_\_\_

\_\_\_\_\_

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**Data Subject Declaration**

In accordance with the Data Protection Act 1998, the Council has decided to levy a charge of £10 for each application.

Cheques should be made payable to 'Dumfries and Galloway Council'.

**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 the Dumfries and Galloway Council is true. I understand that it is necessary for the Council to confirm my identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature .....  
Date .....

**Agent's Declaration**

If you are **not** the data subject but have authority to act on his or her behalf you must complete this declaration.

I understand the council may need to contact me to confirm my identity. I understand the council may need more information from me to find the personal data that I have requested.

The 40 day reply period will begin once I provide all the information the council needs to find the personal data.

I confirm that **I act on behalf of the Data Subject** named overleaf and I have shown Dumfries and Galloway Council proof of my authority to do so.

Please send the data subject/me (delete as appropriate) the information he or she is entitled to under section 7(1) of the Data Protection Act 1998.

Signed ..... Date .....

**Note:** The Council must respond within a period of forty days, however that period will not commence until it is satisfied as to the validity of the access request.

Please return the completed form with payment to the Data Protection Officer, Dumfries and Galloway Council, 118 English Street, Dumfries, DG1 2DE

*For official use only*

Data received		Request number	
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