




REQUEST FOR ACCESS TO INFORMATION UNDER THE FREEDOM OF INFORMATION ACT 2000

<p><i>Refer to the attached Notes for guidance</i></p>	<p style="text-align: right;">Sandwich Town Council </p> <p style="text-align: center;">REQUEST FOR ACCESS TO INFORMATION UNDER THE FREEDOM OF INFORMATION ACT 2000</p>
<p><i>Notes 1 and 6</i></p>	<p>To: The Town Clerk Sandwich Town Council Guildhall Cattle Market Sandwich Kent CT13 9AH</p> <p>Telephone: 01304 617197 Fax: 01304 620170 Email: tracey@sandwichtowncouncil.gov.uk Website: www.sandwichtowncouncil.gov.uk</p>
<p><i>Notes 2 and 11</i></p>	<p>In accordance with Section 8 of the Freedom of Information Act 2000, I wish to request access to the following information which I believe to be held by Sandwich Town Council. I understand that I may be required to pay a fee for the information and that where a fee applies, the information will not be released by the Council until the fee has been paid.</p> <p>I have checked the Council's Publication Scheme and can find no reference to the information I request access to.</p>
<p><i>Note 5</i></p>	<p>I understand that I will not normally be given access to personal information unless I have obtained the written consent of that person.</p>
<p><i>Note 10</i></p>	<p>I understand that the Council may not hold the information I am requesting and that the Council may need to consider whether it is appropriate for my application to be transferred to another public body. Where this is the case, I consent to my application being transferred.</p>
<p><i>Note 12</i></p>	<p>My preferred form of access to the information is: (tick whichever is appropriate)</p> <ol style="list-style-type: none"> 1. View/inspect original information 2. Receive copies by post 3. Receive electronic copies* 4. Receive a digest or summary of the information by post or email* 5. Other (please specify) <p>NB. *Restricted to documents which are in electronic format.</p>

Notes 2 and 6 My request applies to documents from _____ to _____



Note 6 **Personal Details of Applicant**
Please use BLOCK letters

Surname:

First Name:

Address:

Tel (Home):

Tel (Business):

Mobile No:

Email:

Signed:

Dated:

Office Use Only

Date FOI request received:

Date request transferred to another public body (where applicable):

Date Applicant informed of the transfer (where applicable):

Date Duty to Confirm/Deny exercised (exempt information only):

Date Fees Notice issued (where applicable):

Date by which fee to be paid (where applicable):

Date Applicant given reasons for decision not to release the information and advised of the right to ask for an internal review of the decision.