GLAISDALE PARISH COUNCIL

Application to amend, remove, restrict information held or to object to processing of data.

Date :

Nature of request :

Applicants details (please print) **-** **Name :**
Address :

Tel no:
Email :

Identity confirmed by :- (please circle as applicable)

Passport	**Y / N**	**[** Copy attached?	**Y / N]**
Photo driving license	**Y / N**	**[** Copy attached?	**Y / N]**
Statutory declaration	**Y / N**	**[** Copy attached?	**Y / N]**

(Please note that we can only process your request when in receipt of valid identity documents)

[The following part of this document is for Glaisdale Parish Council use only]

Request Agreed **Y / N**

If 'Yes' then information provided by :- **email** ☐
Letter ☐

If 'No' then provide reasons why not in the box below.

Request dealt with by ..... (Print Name) **Signed** .....

Date : .....