



## HOUSING SERVICES DEPARTMENT

### REQUEST FOR ACCESS TO INFORMATION APPLICATION FORM

Applicant's Full Name:	
Date of Birth:	
Applicant's Address:	
Other Address Details (if less than 3 years at above address)	
Relationship to Organisation:	
Identifying Reference Numbers:	
A description of the information required:	
Any additional details (such as relevant dates, contact names, references etc.):	
Does the information requested include information relating to another person?	YES/NO
Please return this form with [1] item of identification :	
Item 1	Item 4
Item 2	Item 5
Item 3	Item 6
Signed:	Dated:

**Please make cheques payable to: Torfaen County Borough Council**