Freedom of Information

Request Form

**FREEDOM OF INFORMATION REQUEST**

**Date:**

**Surname:**

**First Name(s):**

**Postal Address:**

**OR**

**Email address:**

**Telephone Contact:**

**Name/Names of FSN staff you worked with:**

**Year / Month I saw them:**

**I would like access to the following document(s):**

**Indicate whether you would like to inspect the documents and/or obtain a copy of the document(s):**

I want a copy of the document(s) … in Hard Copy or Digital Copy (PDF only)

I want inspect the document(s) ..

*Please note that FSN can only provide you with information that it is legally able to and within our own privacy policy.*