Dartmoor National Park Authority



SUBJECT ACCESS REQUEST FORM Data Protection Act 2018

1. Please confirm your personal details:
Full name
Address
Telephone number
Email

2. Are you the Data Subject?

- <u>YES</u> If you are the Data Subject please supply evidence of your identity i.e. copy of current photocard driving licence, passport or other form of identity.
- <u>No</u> If you are acting on behalf of the Data Subject with their written authority, that written authority must be enclosed as well as proof of their identity referred to above.

4. Please explain why	y you are making thi	s request for information	on behalf of the Data
Subject.			

Under the Data Protection Act 2018 you have a legal right to ask:

- 1. What personal information the Authority holds about you (subject to some exemptions)
- 2. Why the Authority holds personal information about you
- 3. To whom the information is disclosed

You also have the right to ask that any inaccurate personal information relating to you is corrected.

5. Please indicate whether you wish to know:		
(a) what personal information the Authority holds about you	YES / NO	
(b) why the Authority holds personal information about you	YES / NO	
(c) to whom the information may be disclosed	YES / NO	
Is there any personal information about you which you believe the Authority holds, is inaccurate and needs to be corrected?		

Declaration

I,, certify that the information given on this application form is true to the best of my knowledge and belief. I understand that it is necessary for the Dartmoor National Park Authority to confirm my/the Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed Date

Please return the completed form to Dartmoor National Park Authority, Parke, Bovey Tracey, Devo, TQ13 9JQ

Documents which must accompany this application are:

- i evidence of your identity
- ii evidence of the Data Subject's identity (if different from above)
- iii evidence of Data Subject's consent to disclose to a third party (if required as indicated above).

Please note that the DNPA reserves the right to redact (obscure) or withhold information that relates to other third parties.

Office use only	
Date Request received:	Date Fee received:
Date Valid:	Date completed: