

## REQUEST FOR ACCESS TO RECORDS

## under the Freedom of Information Act 2014

Please use BLOCK letters

<b>Details of Applicant</b>	
Surname:	
First Name:	
Postal Address:	
Email Address:	
(Required*)	
Telephone Number(s): Mobile:	Home: (Required*)
*Please note that ESB Netwo	orks FOI Officer may wish to communicate with you in regard
My preferred form of acrecord(s):	ccess to records is to receive copies of the
(please indicate as appropriat	e whether Post / Email or Other)

Type of records requested: (please indicate whether Personal or Non-Personal)
(please tick as appropriate)
*Proof of identification will be required. Please note you will not normally be given access to personal information of another person unless you have obtained the written consent of that person. This consent will be verified by ESB Networks FOI Office before such a request is filled.
Requested Records
In the space provided below, please describe the records as specifically and fully as you can to enable us to identify the information you require. Where possible try to indicate the time period for which you wish to access records (for example, records created between May 2014 and December 2014).
In accordance with Section 12 of the Freedom of Information Act 2014, I request access to the following records concerning ESB Network Limited's functions under its Distribution System Operator Licence:
Please sign here:(digital signature acceptable)  Date:
Please return this form via post to the ESB Networks FOI Office, 4 <sup>th</sup> Floor, Three Gateway, East Wall Road, Dublin 3, D03 R583 or foi@esbnetworks.ie.
If you wish to discuss your request with the FOI Office in ESB Networks please phone 01 2996027 or email foi@esbnetworks.ie
OFFICIAL USE ONLY
Date of receipt: