

Applicant details			
Name			
Address			Postcode
email*			Telephone*

*optional fields

Information request details	
Date of request	
Details of information required <i>(please be as specific as you can to enable us to identify precisely what information you require, so that we can answer your enquiry as fully and as quickly as possible)</i>	
How do you want the information supplied? <i>(e.g. printed output, via email, on computer disc etc)</i>	
Any special requirements for output? <i>(e.g. CD Rom, larger print, Braille, translation)</i>	
<i>Note: Most information is supplied free of charge. If, however, a charge applies, you will be informed of this before we undertake the work on your behalf.</i>	

FOR INTERNAL USE ONLY

Case Number	
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Name of Officer/Councillor handling request	
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Valid Request	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If NO, please state cause of invalidity, date and action taken to remedy				
Date Request valid				

Estimated time to complete	
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Actual time spent	
Number of pages	
Any additional costs	
Type of cost	
Date complete	

OR

Exemption applies	
Date applicant informed	

OR

Date incomplete request closed	
Reason for closure	
Date applicant informed of closure	

OR

Request exceeds maximum time limit	
Agreed action	
Chargeable cost	
Date completed	