



Subject Access Request

Data held by:

Lindsey Marsh Drainage Board	<input type="checkbox"/>	Trent Valley Internal Drainage Board	<input type="checkbox"/>
Isle of Axholme and North Nottinghamshire WLMB	<input type="checkbox"/>	Doncaster East Internal Drainage Board	<input type="checkbox"/>

Section 1 - Applicant Details

Title:	Mr / Mrs / Miss / Ms / Other (Please State):
Forename(s):	
Family Name:	
Previous Family Name	
Other Name(s) Known By	
Date of Birth (dd/mm/yyyy)	

Section 2 - Contact

Current Address:	
Telephone number:	
Email Address:	
Previous Address 1:	
Previous Address 2:	



Water Management Consortium

Section 3 - Proof of Applicants Identity

In order to prove the applicant's identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying.

Please do not send original documents. Documents will returned to you, no copies will be retained by the Board.

List A

List B

Passport/Travel Document	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>	Council Tax Bill	<input type="checkbox"/>
Full birth certificate	<input type="checkbox"/>	Copy of Correspondence with: HMRC, Benefit Agency or Employer (payslip)	<input type="checkbox"/>

Section 4 – Details of Information Required

Please use this space to give us any details about the information you are requesting, for example by stating specific documents you require (use extra sheets if necessary):

Section 5 – Declaration

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that the Board may need to obtain further information from me/my representative in order to comply with this request.

Signature of Applicant:	Date:
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Section 6 – Representative Details

(If completed the Board will reply to the address you provide in this section)

Name of Representative:	
Company Name:	
Address:	
Telephone Number:	
Email Address:	

Section 7 – Proof of the Representative's identity

Please provide copies of two pieces of identification, one from list A and one from list B below and indicate which ones you are supplying.

Please do not send original documents. Documents will returned to you, no copies will be retained by the Board.

List A

List B

Passport/Travel Document	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>	Council Tax Bill	<input type="checkbox"/>
Full birth certificate	<input type="checkbox"/>	Copy of Correspondence with: HMRC, Benefit Agency or Employer (payslip)	<input type="checkbox"/>

Section 8 – Authority to release information to a Representative

A representative needs to obtain authority from the applicant before personal data can be released. The representative should obtain the applicant's signature below, or provide a separate note of authority. This must be an original signature, not a photocopy (tip: using blue ink often helps verification). If the applicant is signing as the guardian of a child under 12, proof of legal guardianship must also be provided.

I hereby give my authority for the representative named in Section 6 of this form to make a Subject Access Request on my behalf under the General Data Protection Regulations 2016.	
Signature of Applicant:	Date:
Signature of Representative:	Date: