**Eastleigh Borough Council will only disclose personal information where it is satisfied that it Is necessary and proportionate to do so, and in compliance with the Data Protection Principles under Data Protection Act 2018**

**Any Information provided on this form will only be used in connection with Processing this request and that will not be shared with any other organisation, unless provided for by law. Please see the Council’s Privacy Policy for further details:**

[**https://www.eastleigh.gov.uk/privacy**](https://www.eastleigh.gov.uk/privacy)

* **Applicant Details**:

|  |  |
| --- | --- |
| Title (eg Mr/Mrs/Ms/Dr) |  |
| First Name |  | Last Name |  |
| Employed by |  | | |

Requests Eastleigh Borough Council to provide the following information consisting either wholly or in part of personal data relating to a third party or parties

|  |
| --- |
|  |

**Preferred format for response**: Electronic mail ⬜ (click to tick as appropriate)

Hard copy ⬜

* To enable us to consider your request, please explain why it is necessary for you to receive the information requested, and why non-disclosure would likely prejudice any of the matters in the Declaration, below:

|  |
| --- |
|  |

* **Declaration**

The information requested is necessary for, and will only be used for, the following purposes:

a) The prevention or detection of crime ⬜

b) The apprehension or prosecution of offenders ⬜

c) The assessment or collection of any tax, duty or imposition of a similar nature ⬜

d) In connection with any legal proceeding, or the protection of judicial independence and judicial proceeding ⬜

e) Other (please give further details below) ⬜

I/We promise to use the information supplied by Eastleigh Borough Council for the above-stated purpose(s) only, and I/We will not allow it to be passed to the Data Subject or third parties without consulting the Eastleigh Borough Council officer who supplied the data, or the Eastleigh Borough Council Records Manager.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant Signature |  | | | | |
| Name (Block Letters) |  | | Date | |  |
| Job Title |  | | | | |
| Telephone No |  | Fax No | |  | |
| Email address |  | | | | |
| Countersignature | (Authorising Officers’ Details) | | | | |
| Name (Block Letters) |  | | | | |
| Signature |  | | | | |
| Email address |  | | | | |