

REQUEST FOR ACCESS TO RECORDS

under the Freedom of Information Act 2014

Details of Applica	ant
Surname	
First Name	
Postal Address	
E-mail Address	
Telephone (Hom	e)
Telephone (Mobi	le)
MPRN	
Preferred Metho	d of Access
Please indicate w	hether Post / Email/ Other:
Type of Records	Requested
Please tick as app	propriate:
□ Personal	□ Non-Personal
Description of Ro	equested Records
Signature & Sub	mission
Digital signature a	ıcceptable
Signature:	Date:
Diago roturn this	form by post to: ESP Notworks EOI Office 4th Floor Three Catoway Fast

Please return this form by post to: ESB Networks, FOI Office, 4th Floor, Three Gateway, East Wall Road, Dublin 3, D03 R583

Or by email: foi@esbnetworks.ie