

## HARROW COUNCIL - SUBJECT ACCESS REQUEST FORM (SAR)

### 1. Details of the data subject

Title (Mr. Mrs. Ms. Other)	
Surname	
First Name(s)	
Date of Birth	
Address (No./Street)	
Address (Town/City)	
Post Code	
Telephone Number	
Email	

### 2. Are you the data subject? **Please Circle**

**YES** If you **are** the Data Subject, please go to question 5.

**NO** Are you acting on behalf of the Data Subject with their written authority? If so, please provide evidence that you are legally authorised to obtain this information, for example, a letter of authority.

### 3. Details of the person requesting the information (if **not** the **data subject**)

Title (Mr. Mrs. Ms. Other)	
Surname	
First Name(S)	
Address (No./Street)	
Address (Town/City)	
Post Code	
Telephone Number	
Email	

4. Please state your relationship with the data subject that leads you to make this request for information on their behalf, for example, parent, legal guardian, solicitor.

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5. Please help us to narrow down your request by informing us which parts of the council might hold information on you or the data subject. Please tick from the list below the service that you require us to conduct a search on:

<input type="checkbox"/> Council Tax including Council Tax Collection, Empty properties	<input type="checkbox"/> Council Housing including Rent Collection, Repairs, Sheltered council housing, Leasehold
<input type="checkbox"/> Housing Benefit	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Planning & Building Control	<input type="checkbox"/> Licensing
<input type="checkbox"/> Highways and Transportation	<input type="checkbox"/> Children Services
<input type="checkbox"/> Education	<input type="checkbox"/> Library and Leisure
<input type="checkbox"/> Adult Services, including Residential Care	<input type="checkbox"/> CCTV
<input type="checkbox"/> Business or Finance	<input type="checkbox"/> Other, please specify below

**6. Documents needed before we can process this application:**

- a. Evidence of data subject's identity; Original proof of identity and address is required to ensure that we only give information to the correct person, for example, a valid photo ID driving licence or passport **and** a recent utility bill, bank statement or council tax bill (no photocopies please) showing your name and address. To be provided in person.
- b. Evidence of the data subject's consent, for example, form of authority (if you are making the request on behalf of another);

7. Please read the following declaration carefully, then sign, and date it.

I \_\_\_\_\_, certify that the information supplied to Harrow Council on this application form is true. I understand that it is necessary for the council to confirm my/data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please bring your completed form (along with evidence of identity, address, and SAR form for office use only) to:

**Harrow Council (Main Reception)**  
**Civic Centre**  
**Station Road**  
**Harrow**  
**HA1 2XY**

## Subject Access Request Form – FOR OFFICE USE ONLY:

Check that the completed form is legible and you are satisfied with the applicant's identity. Then complete the section below accordingly:

1. Subject access request form checked and is legible:

Yes                      Applicant Name: \_\_\_\_\_

2. Two forms of identification are required. Proof of identification e.g. passport or driving licence and proof of name and address.

Identification documents checked and returned: please tick, as appropriate

Proof of Identity (tick one of the option below)	Proof of Address (tick one of the option below)
<input type="checkbox"/> Passport	<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Photo ID Driving Licence	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Council Tax Bill
<input type="checkbox"/> Other, please specify below	<input type="checkbox"/> Other, please specify below

3. Consent from the Data Subject (If applicant is **not** the data subject)

Yes

Officer's Full Name: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attach this to the Subject Access Request Form and leave in the appropriate tray for collection by the Information Management Team