

YOURPLACE SUBJECT ACCESS REQUEST FORM

Under Article 15 of the General Data Protection Regulations (GDPR) you have the right to access your personal information held by us. If you wish to access information about someone else then you shall require their written consent, which you must make available to us. You may be committing an offence to request information about other individuals without their consent.

Please complete this form and return to the Information Governance Team, Wheatley Group, Wheatley House, 25 Cochrane Street, Glasgow, G1 1HL.

1. Personal Details - we ma	v mako additional chock	e to vori	ify your	idontit	V	
Name:	y make additional check	3 to veri	iy youi	luentit	<i>y.</i>	
Present Address:						
1 1000 it / taa. 000.						
		Post Code:				
Telephone number:		Date of Birth:				
Length of time at this address	·	Date of	Dirtiri.			
If less than two years, please		<u> </u> -				
2. The information you wish		<u>'- </u>				
Please specify the information						
CCTV	•					
Housing Allocation	Tenancy information	n	Other - sp		specify:	
	Rent Information					
Please provide details of any	reference numbers - e.g.	Rent Ref	erence	and Allo	ocation Reference Numbers	
below.						
Reference number(s):						
3. CCTV Details Unless this section is completed and a passport size photograph of yourself is attached, no search of						
data can be made.	neteu anu a <u>passport siz</u>	e prioto	grapii C	or yours	en is attached, no search of	
Date footage was recorded:						
Where was the camera:	Time: start					
Describe what you expect		Time: finish				
to see:						
4. Declaration						
Declaration:	with a conv of the norcen	al inform	ation ah	out mo	which you hold and requested	
above.	with a copy of the person	ai ii ii Oi ii i	alion al	out me	which you hold and requested	
I confirm that I am the Data Subject and am not acting on behalf of someone else.						
Signed:	•	•				
This section to be completed by persons acting on			Date:			
your behalf: Declaration (REPRESENTAT	1\/E\·					
		and have	submitt	ted proo	of of my identity and a	
I confirm that I am acting on behalf of the data subject and have submitted proof of my identity and a Representation Mandate:						
Name:						
Present Address:						
Signed:				Post C	ode:	
		Data				
		Date:				