TIPP FM BROADCAST REQUEST FORM

If you require us to supply you with a copy of broadcast material, please complete this form and send it to the email below.

The information you supply in this form will only be used for the purposes of managing your request. For information on the data protection practices of Tipp FM please review the following [Privacy Policy - Tipp FM](http://tippfm.com/privacy-policy/)

# Please send your completed form and proof of identity by email to stephen.keogh@tippfm.com

# Section 1: Details of the person requesting information

|  |  |
| --- | --- |
| Your full name: |  |
| Your address: |  |
| Your telephone number: |  |
| Your email address: |  |

# Section 2: Are you the person requesting this material?

Please tick the appropriate box.

* **YES**: I am the person requesting the information.
* **NO**: I am acting on behalf of another person/organisation/third party. Name\_\_\_\_\_\_\_\_\_

# Section 3: Details of the broadcast you require:

|  |  |
| --- | --- |
| Programme: |  |
| Date of broadcast: |  |
| Approx time of broadcast: |  |
| Reason for request: |  |

# Section 4: What information are you seeking?

Please describe the information pertaining to the broadcast you are seeking. Please provide any relevant details you think will help us to identify the information you require.

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While in most cases we will be happy to provide you with a copy of the material you request, Tipp FM also reserves the right to not release recordings when requested to do so.

While the Company will make every effort to provide requested audio, please note this may not always be possible due to technical reasons. The broadcast audio will be provided in an Mp3 format. Should you request it on another format there will be a standard charge of €10.

# Section 5: Declaration

Please note that any attempt to mislead may result in legal action.

I confirm that I have read and understood the terms of this Data Access Request Form and certify that the information given in this application to Tipp FM (Company) is true. I understand that it is necessary for the Company to confirm my / the subject’s identity.

…………………………………………………….. ……………………………………

Signature Date

# Attachments:

I am enclosing the following copies as proof of identity:

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