

## **Appeal against a Freedom of Information Code Decision**

Please refer to the <u>Freedom of Information Panel's Guidance</u> when completing this form Please complete in **black ink** using **block capitals** 

## A. Applicant's details

Title	Mr □ Mrs □ Miss □ Ms □ Other	
Surname		
Given name		
Company/Representative (if applicable)		
Postal Address		
Email		
Telephone		
B. Committee Details		
Committee Name		
Committee reference		

#### C. Committee Decision Details

Application reference	
Exemption reference	
Date of registration	
Description of application	
Decision:	
Date:	
D. Basis for Appeal	
This Appeal is against the imposition of an FOI exemption (List exemption/s):	

## E. Checklist of Documents Enclosed

One copy of:

- The FOI Application that is the subject of this Appeal
- The Decision Notice

# F. Grounds and Material Facts in Support of the Appeal\*

rossons for your	
reasons for your	
grounds for	
appeal.	
* Please use a si	gned and dated separate sheet if required.
Applicants Signature	
Date	

Please return form and enclosures to:

By Post	Freedom of Information Appeals Panel
	Office of the Scrutiny Management Committee
	Edward T Wheadon House
	Le Truchot
	St Peter Port
	Guernsey
	GY1 3WH
By email	scrutiny@gov.gg

All appeals will be acknowledged by post or email as soon as possible after submission.

#### **Preferred method of contact**

The	applicant's preferred means of accessing the documents identified above is:
	To receive a copy by post (please ensure a postal address is provided)
	To receive a copy by email (please ensure an email address is provided)

## **Privacy statement**

Personal information provided in this form will only be used for the purposes of processing the FOI Appeals request. Please see <a href="here">here</a> for our Fair Processing Notice.