## Master Stats Table for ALL Departments 2012

| Public Body                          |                                       | Cases B/F<br>from 2014 | Requests       | 1                   | 2                         | 3                   | 4                       | 5         | 6                                    | 7                            | 8                               | 9                                            | 10                                | 11                 | 12                 |
|--------------------------------------|---------------------------------------|------------------------|----------------|---------------------|---------------------------|---------------------|-------------------------|-----------|--------------------------------------|------------------------------|---------------------------------|----------------------------------------------|-----------------------------------|--------------------|--------------------|
|                                      |                                       |                        | TOTAL<br>Recd. | Requests<br>Granted | Requests Part-<br>granted | Requests<br>Refused | Requests<br>Transferred | Withdrawn | Withdrawn or<br>handled<br>under FOI | Internal<br>Reviews<br>rec'd | Internal<br>Decisions<br>upheld | Internal<br>Decisions<br>partially<br>upheld | Internal<br>Decisions<br>rrevoked | Appeals to<br>OCEI | Average<br>Charges |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
| Wexford County Council.              | Noel Stacey, FOI Office. 053 919 6281 | 0                      | 11             | 5                   | 2                         | 4                   | 0                       | 0         | 0                                    | 1                            | 1                               | 0                                            | 0                                 | 0                  | 0                  |
| NB: Request for list of Quarries not |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
| AIE information and not included in  |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
| cases recd. in 2015.                 |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
|                                      |                                       |                        |                |                     |                           |                     |                         |           |                                      |                              |                                 |                                              |                                   |                    |                    |
| TOTALS                               | 0                                     | 0                      | 11             | 5                   | 2                         | 4                   | 0                       | 0         | 0                                    | 1                            | 1                               | 0                                            | 0                                 | 0                  | 0                  |