

## REQUEST FOR DISCLOSURE OF INFORMATION UNDER THE DATA PROTECTION ACT 2018 Schedule (2)

## REQUEST FOR CCTV IMAGES

SECTION 1. REQUESTER DETAILS						
Name of Company Requesting Data Access						
FULL ADDRESS AND POSTCODE						
Crime Reference Number	Court Reference Number					
Any other Official Agency Reference Number that proves this request is related to recognised legal proceedings (not solicitors company reference unless company is instigating proceedings)						
Reference Number	Agency					
Signature of Applicant						
Print name						
Position in Company	Date					
A person commits an offence under the Data Protection Act Section 170 (1) (a), (b) and (c) if they unlawfully obtain personal data or information contained in personal data knowingly or recklessly without the permission of the Data Controller  Warning – A person who impersonates or attempts to impersonate another may be guilty of an offence						
A cheque for £50 made payable to the District Council of North West Leicestershire should accompany this application.						

<b>SECTION 2. INFORMATION RE</b>	EQUESTED			
We understand that you manage and maintain a CCTV camera system within the following area:				
Enter details of area, i.e. Street Name etc				
We require footage of the camera or cameras that have been recorded for the following location:				
Enter details of location, i.e. address or other information identifying a specific location				
The information we require is of footage that was	recorded on the following date and time(s)			
Enter details of day, date and any timings that are relevant	Day Date			
	Times(s)			
	From: To:			
In particular we are interested in footage that contains the following information:				
Enter details of incident or descriptions of persons or vehicles or property				
In order to assist you in locating the information we provide the following supplementary details:				
Enter any other relevant information that you feel may assist us to locate the information you have requested				

## **SECTION 3. DECLARATION**

(print name)

certify that I am a practising Solicitor/Lawyer/Barrister, authorised to request this information on behalf of a client of

(print name of company)

We fully understand the implications of the Data Protection Act 2018 and that we adopt the responsibilities of Data Controller once we take possession of the relevant personal data we have requested.

In order to fulfil our responsibilities as Data Controller we have implemented the eight Data Protection Principles within our company and agree to the following:

We shall process the data lawfully and fairly (1st principle)

We will not process the Data further than that which we have lawfully specified in this request (2<sup>nd</sup> principal)

That the request we have made is adequate, relevant and not excessive in relation to this data (3<sup>rd</sup> principal)

That all relevant footage, unless admitted as evidence and subsequently retained by the court, shall be returned as no longer necessary and considered as out of date, once the case is completed (4<sup>th</sup> and 5<sup>th</sup> principal)

We have adequate technical and organisational measures in place to prevent the unauthorised and unlawfully processing, loss, misuse or destruction of the personal data provided.

We undertake not to transfer the data to a country outside the European Economic Area unless we have confirmed that the country or area has legislation in place to protect the rights and freedoms of Data Subjects in relation to the processing of personnel data. In any event, we undertake not to transfer the data to or process it through a website or an Internet service supplier.

We further confirm that the data requested is not available as unused material, which is available through the Crown Prosecution Service and the Police Forces.

By signing this Declaration and Agreement I acknowledge that I fully understand that I may commit an offence under the Data Protection Act if I have stated a falsehood or do not fulfil the obligations as a Data Controller

Signed:	
Print Name	
Date	

## PLEASE RETURN COMPLETED FORM TO:

ADDRESS	Official Company Seal or Stamp
The Data Protection Officer	
North West Leicestershire District Council	
Whitwick Road	
Coalville	
Leicestershire	
LE67 3FJ	
TELEPHONE NUMBER: 01530 454517	

OFFICE USE	OFFICE USE ONLY							
Please complete	ALL of this Section							
Application checke								
Date Application R								
Fee Paid								
Method of Payment								
Receipt No.								
Member of Staff completing this Section:								
Name			Location					
Signature			Date					
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For complet	ion by CCTV I	Manage	er only					
Request (Please tick)	Granted				Denied			
	samulata tha fallaw							
Tape Serial Number	complete the follow	ing section	on:					
VCR Counter Number								
Camera Number								
Operators Details								
Video Print Log Re	ference Number							
Original Tape Seria	al Number							
Copy Tape Serial Number								
Date of Issue								
Subject Access Sig	gnature or Proof of de	livery addre	ess					
Name Signatur			fanagers re					
Comments								
Comments								