ASHOVER PARISH COUNCIL CCTV Subject Access Request Form

SECTION 1 - VOLID DEDSONAL DETAILS

Please use this form to request any personal information you think may have been recorded on a CCTV camera that the Council is responsible for. Please note that footage is only retained for a specified period. You may wish to contact us before submitting your request.

The Data Protection Act gives anyone the right to ask the Council for a copy of the personal information that it holds about them for the purposes of providing services to them. This includes CCTV footage. (We have a general Subject Access Request form for all other forms of records). You are not entitled to see information about a third party without their consent. For your protection, and the security of the data, the Council will need to confirm that you are the person whom the data is about, and will require proof of your identity before it releases the data. If you ask someone to act on your behalf, the Council will need proof of this, and the person's identity (see section 4). We may contact you to confirm that you have authorised someone to do this.

SECTION 1 - TOOK I ENSONAL DETAILS
Full Name:
Address:
Post Code:
Telephone:
Email:
SECTION 2 – YOUR REQUEST Please tell us what recorded images you are requesting. Please provide as much information as possible including a date, location, a time period and description of the scene. This will help us find the footage in question. Please feel free to attach further sheets if necessary. We may contact you for further information.

Please tick this box if you have attached further sheets

SECTION 3 – INFORMATION REQUIRED

In order to process your CCTV subject access request, the following information is required – please indicate that this information has been included.
Up to date photograph of the data subject i.e. the person captured on the footage
Two written proofs of identity e.g. passport, utility bill
SECTION 4 – DATA SUBJECT'S AGENT This section to be completed only if a person(s) is acting on behalf of the data subject.
I confirm that I am acting on behalf of(as detailed overleaf) and have submitted proof of my authority to do so.
Full Name:
Address:
Post Code: Telephone:
When the data subject has provided all the information required to process the subject access request, we will aim to respond promptly, and within 30 days of receiving the required information as prescribed under the DPA.
Signature:

Date:

Please send your request to the Parish Clerk at Ashover Parish Council, The Sports Pavilion, Milken Lane, Ashover, CHESTERFIELD S45 0BA

Please Note: All personal information provided to Ashover Parish Council will be held and treated in confidence in accordance with the Data Protection Legislation. It will only be used for the purpose of obtaining the requested CCTV footage.