



DARTMOUTH
TOWN COUNCIL

APPLICATION FOR SUBJECT ACCESS TO CCTV INFORMATION

Dartmouth Town Council uses Torbay Council as its data controller, all SAR will be forwarded to Torbay Council.

THE DATA PROTECTION ACT 2018

HOW TO APPLY FOR ACCESS TO INFORMATION HELD ON THE CCTV SYSTEM

These notes explain how you can find out what information, if any, is held about you on the CCTV system

Your Rights

Subject to certain exemptions, you have a right to be told whether any personal data is held about you. You also have a right to a copy of that information in a permanent form except where the supply of such a copy is not possible or would involve disproportionate effort, or if you agree otherwise. Torbay Council will only give that information if it is satisfied with your identity. If release of the information will disclose information relating to another individual(s) who can be identified from that information, the Council is not obliged to comply with an access request unless:

- the other individual has consented to the disclosure of information, or
- it is reasonable in all the circumstances to comply with the request without the consent of other individual(s).

The Council's Rights

Torbay Council may deny access to information where the Act allows. The main exemptions in relation to information held on the CCTV System are where the information may be held for:

- prevention and detection of crime
- apprehension and prosecution of offenders

and giving you the information may be likely to prejudice any of these purposes.

Further Information

These notes are only a guide. The law is set out in the Data Protection Act 2018, which can be obtained from HMSO. Further information and advice may be obtained from:

The Information Commissioner's Office
Wycliffe House, Water Lane, Wilmslow,
Cheshire, SK9 5AF
Telephone: (01625) 545745
Web: www.ico.org.uk

Please note that this application for access to information must be made direct to **Torbay Council** and **NOT** to the Information Commissioner's Office.

The Application Form

ALL sections of the form must be completed for the application to be processed.

Section 1

Asks you to give information about yourself that will help the Council to confirm your identity. The Council has a duty to ensure that information it holds is secure and it must be satisfied that you are who you say you are.

Section 2

Asks you to provide evidence of your identity by producing TWO original official documents (which between them clearly show your name, date of birth, and current address) together with a recent full face photograph of you.

Section 3

Asks you to confirm whether you want a copy of the information. You may also designate an agent to receive the data on your behalf by completing the appropriate section on this form.

Section 4

You must sign the declaration.

Section 5

Asks you to give details of where and when you think you were recorded on CCTV and other information that will assist us in locating the information you require. If this information is inadequate or not specific enough then the request may be declined.

When you have completed and checked this form, take or send it together with the required TWO identification documents and photograph to:

The CCTV Manager
Torbay Council, Town Services
Town Hall, Castle Circus
Torquay, Devon, TQ1 3DS

If you have any queries regarding this form or your application please ring: **(01803) 310403**

We are required to respond to you within one month of a valid request being received but will endeavour to respond to you as soon as possible, normally within 14 days.

SECTION 1 About yourself

The information requested below is to help the Council (a) satisfy itself as to your identity and (b) find any data held about you.

PLEASE USE BLOCK CAPITALS

Title <i>(tick box or add as appropriate)</i>	Mr	Mrs	Miss	Ms	Other: <i>(eg Dr. Rev.)</i>	
	Surname/family name:					
	First names:					
	Maiden name/former names:					
	Height:		Sex <i>(tick box)</i>	Male	Female	
	Date of birth:					
	Place of birth:	Town:			County:	

Your current home address <i>(to which we will reply)</i>		
		Postcode:
Telephone number <i>(in case we need to contact you)</i>		

If you have lived at the above address for less than 5 years, please give your previous addresses covering the last five years:

Previous address 1:		
	<i>Dates of occupancy:</i>	From:
Previous address 2:		
	<i>Dates of occupancy:</i>	From:
Previous address 3:		
	<i>Dates of occupancy:</i>	From:
Previous address 4:		
	<i>Dates of occupancy:</i>	From:

SECTION 2 Proof of identity

To help establish your identity your application must be accompanied by **TWO** original official documents that between them clearly show your name, date of birth and current address. Photocopies are **NOT** acceptable.

For example: a birth/adoption certificate, driving licence, medical card, passport or other official document that shows your name, date of birth and current address.

Also, please securely attach a recent, full-face photograph of yourself.

FAILURE TO PROVIDE THIS PROOF OF IDENTITY MAY DELAY YOUR APPLICATION.

Please securely affix photo here

SECTION 3 Supply of information

You have a right, subject to certain exceptions, to receive a copy of the information in a permanent form (video or print).

Do you wish to (please tick ONE box):

- (a) receive a permanent copy yourself
- (b) designate an authorised agent to view and receive a permanent copy

Name of agent:

SECTION 4 Declaration

Declaration (to be signed by the applicant)

I confirm that the information supplied in this application is correct and I am the person to whom it relates.

Signed by:

Date:

Warning – a person who impersonates or attempts to impersonate another may be guilty of an offence.

CHECK LIST

Before returning this form please check the following list:

- Have you completed ALL 5 sections in this form?
- Have you enclosed TWO identification documents?
- Have you signed and dated the form?

NOW – PLEASE COMPLETE SECTION 5 BEFORE RETURNING THE FORM

SECTION 5 To help us find the information

Please complete the details on the right with the date, time, location and information on how you can be easily identified at the scene. Without this specific information it may be impractical and therefore unreasonable to comply with this request.

If the information you have requested refers to a specific offence (which has or will be reported to the Police) or incident, or relates to a vehicle, property or other types of information, please complete the relevant sections below.

Please complete a separate sheet for each occasion by photocopying this page as required and firmly attaching it to this form.

Time and location

Date:	
Time:	
Location:	
How can you be identified at this location: <i>(eg what you were wearing or what you were doing)</i>	

SECTION 5 To help us find the information

Incident

Brief description of incident:		
Was a crime committed:	Yes	No
Were you:	<input type="checkbox"/> A person reporting an incident <input type="checkbox"/> A witness to an incident <input type="checkbox"/> A victim of an incident <input type="checkbox"/> Accused of an offence <input type="checkbox"/> Convicted of an offence <input type="checkbox"/> Other – please specify: Police Crime Number:	

Vehicle or property

What is it: <i>(eg car, cycle etc)</i>		
Description: <i>(make, model, colour, reg. no, etc)</i>		
Is this your legal property:	Yes	No
Other useful information:		

SECTION 5 To help us find the information

Comments

OFFICIAL USE ONLY

Please complete ALL of this section (refer to 'CHECK' box above)

Application checked and legible? :

Date application received:

Identification documents checked? :

Documents returned:

Details of proof of identity – 2 documents (section 2)

:
:
:

Member of staff completing this section:

Name:

Location:

Signature:

Date: