Ref: **CCTV1**



**Disclosure Form for Images taken by Public Spaces Surveillance System**

**Police Disclosure Request Form (Restricted once completed)**

**REQUEST FOR COPY / SEARCH OF CCTV DATA**

**Schedule 2 Paragraphs 2(3) and 5(3) Data Protection Act 2018**

To find out what information, if any, has been obtained or retained by the use of public spaces surveillance system deployed by Broxtowe Borough Council please complete this form.

**Request to provide or search for data (recordings) held by Broxtowe Borough Council. ALL sections must be completed without exception in order for your request to be processed.**

Give as much info as you have available to help the search.

All requests must be forwarded to: Parking, CCTV & Security Services at Broxtowe Borough Council via email [parkingservices@broxtowe.gov.uk](mailto:parkingservices@broxtowe.gov.uk)

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| --- | --- |
| **Section 1 – Reference & Contact** | |
| Your reference number |  |
| Police ID/Badge number |  |
| Surname |  |
| First names |  |
| Telephone number |  |
| Email address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 2 – Copies of information** | | | | |
| Do you wish to: | | | | |
| (a). View the information only | Yes |  | No |  |
| (b). View the information and receive a permanent copy | Yes |  | No |  |
| PLEASE NOTE: Permanent master copies (CD/DVD) of any footage/stills MUST be collected and signed for. **The council will not send any evidence via email.** | | | | |

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| **Section 3 - Help us to find the information** | | | | |
| Please provide details of each occurrence or incident to be obtained or retained by the CCTV system. Please continue on a separate sheet if required. | | | | |
|  | | | | |
| Exact date of incident | |  | | |
| Exact time of incident | |  | | |
| Exact Location of incident (must be specific) | |  | | |
|  | | |
| Circumstances of offence/incident and description of offender/vehicle | |  | | |
| **Section 4 - Information Supporting Disclosure** | | | | |
| Offence  (please state if unable to specify due to risk of prejudice to case) | |  | | |
| Reason information is necessary | |  | | |
| State under which statutory powers you are requesting the information | |  | | |
| I certify that the data is required for one of the following purposes (please tick as appropriate) and that non-disclosure would prejudice that purpose. I also certify that the data will not be used in any way incompatible with the purpose for which it has been requested | | | | |
| Prevention or detection of crime |  | | Apprehension or prosecution of offenders |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 5 - Declaration** | | | |
| **The information that I have supplied in this application is correct and I am the investigating officer. I understand that if any of the information given on this form is incorrect I may be committing an offence under section 55 of the Data Protection Act.**  **I understand the implications of the Data Protection Act and that we adopt the responsibilities of Data Controller once we take possession of the relevant personal data we have requested.** | | | |
| Signed by |  | Date |  |
|
| **Warning - A person who impersonates or attempts to impersonate another person may be guilty of an offence.** | | | |