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# Request for Disclosure of CCTV

**Information Governance Department, Cardiff Council**

To: From:

**Request for Access to Data under the Data Protection Act 2018, Schedule 2, Part 1, Paragraph 2**

I am making enquiries that are concerned with the:

\*(i) The prevention or detection of crime;

\*(ii) The apprehension or prosecution of offenders.

\*(iii) The assessment or collection of any tax or duty or of any imposition of a similar nature \* Tick as appropriate

**Please provide specific details of the suspected crime or other relevant purpose[s] for which the specific information is being requested.**

**Please provide the following data/images CCTV or other recorded video footage/images for the time period(s);**

**Date:**

**Timeframe**:

(Please use 24hr format)

**Camera Number(s)**

(If known)

**Description of event;**

**Please state how the non-release of the specific information you have requested is likely to prejudice your enquiries/significantly harm the stated purposes for which the information is being requested**.

**Declaration: Any data supplied by is governed by the Data Protection Act 2018 and General Data Protection Regulations and will be processed in line with these requirements. I agree to use the data only for the purpose(s) specified above, and in accordance with the Act, to treat the data in confidence and to destroy the data securely if it is not applicable to the investigation.**

*This form should be signed and completed by the person requesting the information with sufficient authorisation.*

**The authorising officer must be of the rank of police inspector or higher, or for other ‘relevant Bodies’ a senior officer/manager. In the case of an inspector not being available at your location, we will accept an email from an inspector (or higher ranking officer) attaching this paperwork and confirming their approval.**

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| --- | --- | --- | --- | --- |
| **Details of the person requesting the information and authorisation:** | | | | |
| **Print** |  | | | |
| **Position** |  | | | |
| **Signed** |  | | **Date** |  |
| **Contact Details** | **Telephone** |  | | |
| **Email** |  | | |
| **Organisation** |  | | |
| **Address** |  | | |
| **Authorised By:**  **Print Name** |  | | | |
| **Signed** |  | | | |
| **Position / Rank** |  | | | |

**Cardiff Council Authorising Officer: Information Governance to complete**

*Please ensure that you have followed the Council’s Guidance on requesting information from other bodies*

Name Signed

Position Date

Disc Reference number Log Number

**This form to be retained for a minimum of 5 years.**