



CHELtenham
BOROUGH COUNCIL

Data Protection Act 1998 – CCTV
Subject Access Request

This form is used to confirm the identity of the Data Subject (the person in the footage), the identity and authority of the applicant (where applicable) and to assist in locating Personal Data relating to the Data Subject. Please complete it and send it to the address at the end of the form. Your request will be acknowledged within 5 working days, with instructions for payment of the fee. If you need any help please call 01242 264350 or 01242 774931 or email customerrelations@cheltenham.gov.uk Alternatively, please see our website: www.cheltenham.gov.uk

Question 1 – Applicant Details

Your full name	
AddressPost code.....
Telephone No.	
E-mail address	

Question 2 – Data Subject Details

(a) Are you the Data Subject (the person in the footage)?
Yes No

If you answered 'Yes', go straight to Question 3 on page 3. Otherwise, please provide the information below.

(b) If you are NOT the Data Subject, state your relationship to them.

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What is your relationship to the Data Subject?

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(c) If you are NOT the Data Subject, describe your entitlement to receive details of their Personal Data, and the written authority enclosed (e.g. from the Data Subject) which supports this entitlement

OR

State under which statutory powers and legislation you are acting and for what purpose/outcome (for example; Data Protection Act 1998 Section 29, (1) prevention or detection of crime (2) apprehension or prosecution of offenders (3) assessment or collection of any tax or duty OR Data Protection Act 1998 Section 35)

Why are you entitled to their Personal Data?

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What written authority have you enclosed?

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(d) Please provide details of the Data Subject below where known, i.e. if you are acting on their behalf.

Data subject's full name
Address

.....
.....
.....
.....
Post code.....

Telephone No.

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Question 3 – Footage Details

Our search for information relating to the Data Subject (the person in the footage) will be based on the information provided below.

CCTV footage/images (please tick box)

Date and time of incident when you believe image was captured (within 1 hour)

Location of incident

Brief description of incident

Brief description of the clothing worn by the Data Subject at time of incident

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Question 4 - What documents can you send or produce to confirm the identity and address of the Data Subject?

Accepted Proofs of Identification

This **must** be one item from both column A and column B below. Please tick the appropriate boxes to indicate which documents you have enclosed.

A) Verification Documents for Name	B) Verification Documents for Address
<input type="checkbox"/> Full Valid Driving Licence issued by a member state of the EC/EEA	<input type="checkbox"/> Utility Bill: Gas, electricity, water or telephone bill in the Data Subject's name for the last 3 months
<input type="checkbox"/> Birth Certificate or Certificate of Registry of Birth or Adoption certificate	<input type="checkbox"/> Council Tax demand in the Data Subject's name for the last 3 months
<input type="checkbox"/> Full Valid Current Passport or ID Card issued by a member state of the EC/EEA or Travel	<input type="checkbox"/> Bank, Building Society or Credit Card statement in the Data Subject's name in the last 3 months
<input type="checkbox"/> Documents issued by the Home Office or Certificate of Naturalization or Registration or Home Office Standard Acknowledgement Letter (SAL)	<input type="checkbox"/> Letter to Data Subject from solicitor/social worker/probation officer in the last 3 months
<input type="checkbox"/> (c) You must also send us <u>a recent passport sized photograph of the Data Subject</u> to help identify the data subject in recorded images held.	
<input type="checkbox"/> <i>If the Data Subject's name is now different from that shown on the document you submit to confirm his/her identity, you must also supply original documentary evidence to confirm the Data Subject's change of name e.g. Marriage Certificate, Decree Absolute or Decree Nisi papers, Deed Poll or Statutory Declaration</i>	

How to submit your Form and Identification

By post

Please send your completed form and legible photocopies of your verification documents to the address at the end of this form.

In person

If you are able to come into the Municipal Offices, we will certify and copy your verification documents and have these delivered internally to customer relations.

By email

You may submit your request by email to customerrelations@cheltenham.gov.uk providing legible scanned versions of identification documents.

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Formal Declaration

In exercise of the right granted to me under the terms of the Data Protection Act 1998, I request that you provide me with a copy of the Personal Data about the Data Subject which you process for the purposes I have indicated overleaf. I confirm that I am authorised to request information under the statutory powers/legislation set out at 2(c) overleaf.

(please tick box)

OR

I confirm that this is all of the Personal Data to which I am requesting access. I also confirm that I am either the Data Subject, or am acting on their behalf.

(please tick box)

Signed	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>

Make sure you have:

- (a) completed this form;
- (b) signed the declaration above;
- (c) enclosed identification documents.

Send them to:

Customer Relations Manager
Cheltenham Borough Council
Municipal Offices
Promenade
Cheltenham
Glos GL50 1PP
customerrelations@cheltenham.gov.uk

Telephone: 01242 264350 or 01242 774931

Your request will be acknowledged within 5 working days, and instructions issued for payment of the request-specific fee. The 40 calendar days will begin on receipt of the verification documents and the fee.

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OFFICIAL USE ONLY

Please complete ALL sections

Application checked and legible? Date Application received

Identification documents checked? Fee Paid

Details of Document Produced Method of payment

Documents Returned?

Member of staff completing this section

Name

Location

Signature

Date

For completion by CCTV Manager only

Request (Please tick) Granted Denied

If granted, please complete the following sections as applicable:

Camera number(s)/name(s)	<input type="text"/>
Start time of recording period	<input type="text"/>
End time of recording period	<input type="text"/>
Original CD/tape serial number/identifier	<input type="text"/>
Date of Issue	<input type="text"/>
Copy CD/tape serial number/identifier	<input type="text"/>
Please confirm copy tape/CD made for CBC retention and where stored	<input type="text"/>

Before issuing CCTV images please check and sign at the bottom of the form

CCTV Managers Name

CCTV Managers Signature

Before issuing CCTV images:

Check identification of data subject or persons authorised to act on their behalf
And if necessary check delivery address.

CBC signature to confirm checks made:

Signature of data subject or persons authorised to act on their behalf (if collecting):
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