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| **Section 1 Organisation’s Details** |
| \*Name of organisation |  |
| \*First name  |  |
| \*Surname  |  |
| \*Postal and/or e-mail address |  |
| Telephone number |  |
| Your reference number |  |
| **Data Protection Act 2018**Carlisle City Council will treat your personal information and your client’s information in line with the Data Protection Act 2018. In particular, the information you provide on this form will be used to monitor and fulfil your request. It will not be shared with any third parties, will be kept securely and will not be used for any other purpose. See below link to the Council’s Privacy Notice for Information Requests <https://www.carlisle.gov.uk/Privacy-Statement/Information-Requests-PrivacyStatement> |

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| **Section 2 Client’s Details** |
| Name |  |
| Address |  |
| Post Code |  |

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| **Section 3 Incident Details** |
| Date of incident |  |
| Incident Start Time |  |
| Incident End Time |  |
| Location |  |
| Client’s VRN |  |
| Client’s Vehicle description (make/model/colour) |  |
| 3rd Party’s VRN (if known) |  |
| 3rd Party’s Vehicle description (make/model/colour) |  |
| Full details of incident |  |

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| **Section 4 Reason for the request** |
| Please detail why this request is required in support of legal proceedings or by law.Details will allow the Council to consider whether this is a valid request under the Data Protection Act 2018 Schedule 2 Para 5 (3)(a). Please note that we only retain footage for 28 days after it has been recorded.  |

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| **Section 5 Declaration** |
| * I wish to obtain CCTV footage under Schedule 2, Para 5(3)(a) of the Data Protection Act 2018.
* I confirm that I am authorised to make this request on behalf of the organisation (as detailed in section 1 of this form).
* I confirm that the information is required for the purpose(s) indicated in section 4 of this form and non-disclosure would prejudice that purposes(s).
* I confirm that any footage disclosed will only be used for the purpose(s) specified in Section 4 of this request form.
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| **Signature:** |  |
| **Position:** |  |
| **Date:** |  |

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| **Section 6 Where to send request** |
| Post this request to:Corporate Information OfficerInformation GovernanceCarlisle City CouncilCivic CentreRickergateCarlisleCA3 8QG | Or e-mail to: DataProtection@carlisle.gov.uk |