

CCTV SUBJECT ACCESS REQUEST FORM

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 SELECT ONE OF THE FOLLOWING:

I am the Data Subject. I am requesting my own CCTV personal information

I am not the Data Subject. I am requesting information on behalf of someone else

APPLICANT INFORMATION

Title:	First Name:		
Surname:			Maiden/Other Names:
Address:			
Town/City:		County:	
Postcode:		Telephone:	
Contact Email Address:			

REPRESENTATIVE'S INFORMATION (IF YOU ARE REQUESTING ON BEHALF OF A THIRD PARTY)

Title:	First Name:		
Surname:			Maiden/Other Names:
Address:			
Town/City:		County:	
Postcode:		Telephone:	
Contact Email Address:			

Please explain your entitlement to receive the Data Subject's CCTV images -E.G: Data Subject's signed authority-

What authorisation have you enclosed? E.g.: Power of Attorney, Court Order stamped or Signed consent-

ACCEPTED PROOF OF IDENTIFICATION

Verification documents for Name, such as: Full valid driving license, birth certificate, full valid current passport.

Verification documents for Address, such as: Utility bill (gas, electricity, water in the data subject's name and 3 months old or less) or letter from a government department.

Recent passport sized photograph: to help identify the data subject in recorded images held.

Please do not send original documents, good quality photocopies are acceptable.

FOOTAGE DETAILS REQUIRED

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

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

Location of the incident:

Brief description of incident:

Brief description of the clothing worn by the data subject at time of incident:

REPRESENTATIVE DECLARATION

WARNING – it is a criminal offence to obtain another person’s information by deception.

I confirm I am the appointed representative of the Data Subject. I wish to receive a copy of the Data Subjects CCTV images and have included a copy of the relevant permission.

Representative’s Signature:

Date:



SIGNATURE

In exercise of the right granted to me under the terms of the General Data Protection Regulation

I request that you provide me with a copy of the CCTV images about me which you process for the purposes I have indicated above.

I confirm that I am the Data Subject and not someone acting on his/her behalf.

I hereby give my authority for the representative named above to make a Subject Access Request on my behalf under the General Data Protection Regulation.

Signature of applicant:

Date:

Please send the completed form, along with all required proofs of ID or representation:

Data Protection Officer
West Oxfordshire District Council
Council Offices, Witney OX28 1NG
OR data.protection@westoxon.gov.uk

OFFICIAL USE ONLY – 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)	
Start time of recording period	
End time of recording period	
Original CD/tape serial number / identifier	
Date of issue	
Copy CD/tape serial number / identifier	
Confirm copy tape/CD made for FODDC retention and where stored.	

Before issuing CCTV images, please check and sign

CCTV Manager Name:		Signature:	
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