

HOW TO APPLY FOR ACCESS TO INFORMATION HELD ON THE CCTV SYSTEM

These notes explain how you can find out what information, if any, is held about you on the CCTV System.

YOUR RIGHTS

Subject to certain exemptions, you have a right to be told whether any personal data is held about you. You also have a right to a copy of that information in a permanent form except where the supply of such a copy is not possible or would involve disproportionate effort, or if you agree otherwise.

Ribble Valley Borough Council will only give that information if it is satisfied as to your identity. If the release of the information will disclose information relating to another individual(s), who can be identified from that information, the Council is not obliged to comply with an access request unless –

- The other individual has consented to the disclosure of information, or
- It is reasonable in all the circumstances to comply with the request without the consent of the other individual(s).

THE COUNCIL'S RIGHTS

Ribble Valley Borough Council may deny access to information where the Act allows. The main exemptions in relation to information held on the CCTV System are where the information may be held for:

- Prevention and detection of crime.
- Apprehension and prosecution of offenders.

And giving you the information may be likely to prejudice any of these purposes.

FEE

There is no charge for this service.

THE APPLICATION FORM

(N.B. ALL sections of the form must be completed. Failure to do so may delay your application.)

Section 01	Asks you to give information about yourself that will help the Council to confirm your identity. The Council has a duty to ensure that information it holds is secure and it must be satisfied that you are who you say you are.
Section 02	Asks you to provide evidence of your identity by producing TWO official documents (which between them clearly show your name, date of birth and current address) together with a recent full face photograph of you.
Section 03	Asks you to confirm whether you will accept just viewing the information, or if you want a copy of the information.
Section 04	You must sign the declaration.

When you have completed and checked this form, take or send it together with the required TWO identification documents to:

**THE CCTV MANAGER, RIBBLE VALLEY BOROUGH COUNCIL,
 COUNCIL OFFICES, CHURCH WALK, CLITHEROE, BB7 2RA**

If you have any queries regarding this form, or your application, please ring the CCTV Manager on 01200 414523.

SECTION 01 – ABOUT YOURSELF

The information requested below is to help the Council (a) satisfy itself as to your identity and (b) find any data held about you.

PLEASE USE BLOCK LETTERS

Title (<i>Tick box as appropriate</i>):	Mr		Mrs		Miss		Ms	
Other Title (<i>e.g. Dr., Rev., etc.</i>):								
Surname/Family Name:								
First Name:								
Maiden Name/Former Names:								
Sex (<i>Tick box</i>):	Male:		Female:					
Height:								
Date of Birth:								
Place of Birth:	Town:							
	County:							
Your Current Home Address (to which we will reply):								
A telephone number will be helpful in case you need to be contacted:	Tel. No.							

If you have lived at the above address for less than 10 years, please give your previous addresses for the period:

Previous Address(es):								
Dates of Occupancy:	From:					To:		
Previous Address(es):								
Dates of Occupancy:	From:					To:		

SECTION 02 – PROOF OF IDENTITY

To help establish your identity your application must be accompanied by **TWO** official documents that between them clearly show your name, photograph, date of birth and current address.

For example: a birth/adoption certificate, photo driving licence, medical card, passport or other official document that shows your name and address.

Failure to provide this proof of identity may delay your application.

SECTION 03 – SUPPLY OF INFORMATION

You have a right, subject to certain exemptions, to receive a copy of the information in a permanent form.

Do you wish to:

a) View the information and receive a permanent copy	YES / NO
b) Only view the information	YES / NO

SECTION 04 – DECLARATION

DECLARATION (to be signed by the applicant)

The information that I have supplied in this application is correct and I am the person to whom it relates.

Signed by:		Date:	/ /
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Warning – A person who impersonates or attempts to impersonate another may be guilty of an offence.

TO HELP US FIND THE INFORMATION:

If the information you have requested refers to a specific offence or incident, please complete this section.

Please complete a separate box in respect of different categories/incidents/involvement. Continue on a separate sheet, in the same way, if necessary.

If the information you require relates to a vehicle, property, or other type of information, please complete the relevant details in the section below.

Were you: (tick box below)

A person reporting an offence or incident:	
A witness to an offence or incident:	
A victim of an offence:	
A person accused of an offence:	

Other – please explain:

Date of Incident:	/ /	Time of Incident:	
Place Incident Happened:			
Brief Details of Incident:			
Before returning this form please check:	<ul style="list-style-type: none"> • Have you completed ALL sections in this form? • Have you enclosed TWO identification documents? • Have you signed and dated the form? 		
<p>FURTHER INFORMATION:</p> <p>These notes are only a guide. The law is set out in the Data Protection Act, 1998, obtainable from The Stationery Office. Further information and advice may be obtained from:</p> <p style="text-align: center;">The Information Commissioner Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF Tel. (01625) 545745</p> <p>Please note that this application for access to information must be made direct to Ribble Valley Borough Council (address on Page 01) and NOT to the Information Commissioner.</p>			
OFFICIAL USE ONLY			
Please complete ALL of this Section (refer to ' CHECK ' box above).			
Application Checked and Legible?	Date Application Received:		
Identification Documents Checked?			
Details of 2 Documents (see Page 03):	Method of Payment:		
Receipt No.	Documents Returned?		
Member of Staff Completing this Section:			
Name: Location:			
Signature: Date:			