REQUEST TO VIEW / SEIZE CCTV FOOTAGE FROM EXMOUTH TOWN COUNCIL SYSTEMS

Restricted Document

This form is to be used for requesting CCTV Data under Section 29 of the Data Protection Act 1998. All requests are made subject to the terms of the Devon & Cornwall Protocol for Crime and Disorder and in accordance with Section 17 of the Crime and Disorder Act 1998.

INCIDENT DETAILS

Type of Incident / Offence.....

Location.....

Date..... Time..... Log / Crime No.....

Description of Offender:

Brief circumstances / other information that may assist in locating incident:

OFFICER REQUESTING INFORMATION

Name..... Shoulder No.....

Dept / section / Station.....

Contact Telephone No.....

DECLARATION

I am making enquiries into the incident detailed above and require to view / seize any CCTV footage which may be relevant to this enquiry. I confirm that the data requested is required for the following purposes:

please tick

a) The prevention and detection of crime
b) The apprehension or prosecution of offenders
c) Other (specify below)

….....

Failure to provide the requested information will, in my view, be likely to prejudice those purposes.

Signature of Requesting Officer..... Date.....

PROCESSING OF CCTV EVIDENCE

DISCLOSURE OF CCTV DATA RELEVENT TO THE ABOVE ENQUIRY IS AUTHORISED BY
(CCTV Personnel Only)

Name..... Appointment.....

Date..... Time..... Signature.....

MASTER COPY - DISC - PRODUCED BY

Name.....

Date..... Time.....

Exhibit No. / URN.....

DATA DISCLOSURE

I hereby acknowledge receipt of the data as detailed above. I understand that this data has been supplied solely for the specific purpose(s) for which it was requested and that its use and retention will be in accordance with the provisions of the Data Protection Act 1998

Name..... Appointment.....

Organisation / Department.....

Contact Telephone No.....

Signature..... Date..... Time.....

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Please email your request to reception@exmouth.gov.uk