**CCTV Request Form**

I am the subject of the CCTV Footage I am requesting

**(Yes, answer Section 1, 3, 4, 5)**

I am requesting CCTV Footage on behalf of a friend, family member or client

**(Yes, please answer *all* sections and have the data subject sign section 2.1)**

**SECTION 1: DATA SUBJECT DETAILS** (who the request is about)

Title

First Name

Surname

Date of Birth

House Name/Number

Address 1

Address 2

Town

Post Code

Email Address

Telephone Number

**SECTION 2: DETAILS OF THE APPLICANT MAKING THE REQUEST** (if applicable)

Full Name

Company Name/Contact Name (if applicable)

House Name/Number

Address 1

Address 2

Town

Post Code

Telephone Number

Email address

Reference Number **(applicable for insurance/solicitor firms representing the data subject only)**

**Please note:**

**We are only able to provide footage on the individual whose subject within this request. Any other information and persons will be pixelated in line with the Data Protection Act 2018. If you require non-pixelated footage, your request should be dealt with by an insurance/solicitor company or by the police.**

**SECTION 2.1: DATA SUBJECT CONSENT** (if applicable)

I ………………………………………….. Confirm I am the named Data Subject in Section 1 and have freely agreed for the Individual named in Section 2, to request CCTV on my behalf.

SIGNED DATE

…………………………… ……………………………

**SECTION 3: REQUEST DETAILS**

Please include the date of incident:

Please indicate a time frame from which your request refers to;

From / To (Information should be provided using the 24 hour clock HH:MM)

Please indicate an incident location;

**Details of the Incident**

NOTE: Please attempt to be as specific as possible. For example: In a Road Traffic Accident, it would be helpful to include;

* Vehicle Descriptions: Make, Model, Colour and Third party vehicle details
* Vehicle Registration mark(s) (VRM)
* Exact location
* Road name(s)
* Landmarks
* Direction of Travel
* Road Lanes
* If possible, a google map screenshot

**SECTION 4: SUPPORTING DOCUMENT**

In order for your request to be processed, Haxby & Wigginton Youth & Community Association requires;

* A clear copy of valid photographic ID of the **data subject** (i.e. Passport, Driver’s License)
* Proof of address, dated within the last 3 months for the **data subject** (i.e. Bank statement, utility bill)

I confirm that I have inserted **copies** of the above **(please tick)**

**SECTION 5: DECLARATION**

In exercise of the right granted to me under the terms of the Data Protection Act 2018, I request that you provide me with a copy of the information above. I understand that I will only receive footage of the data subject. Any third party information (e.g. Vehicle Registration Marks) will not be provided and will be **pixelated, however** if it is aninsurance company or solicitor requesting the information an non-pixelated copy can be provided as long as signed consent has been given by the data subject.

I confirm that I am the data subject, or that the data subject is aware their personal data will be processed for purposes indicated above.

I understand that Haxby & Wigginton Youth & Community Association have one calendar month to respond to my request. This timeframe is statutory, unless there are circumstances in which this timeframe requires extension, or where further information from myself is required.

We will contact you directly, if the circumstances above occur.

I have read and understood the terms of this Declaration and **consent** for my personal details to be submitted to the Information Governance Team

Signed Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send your request to the address below;

Community Services Manager
Haxby & Wigginton Youth & Community Association
Oaken Grove Community Centre
Reid Park
Haxby
York
YO32 3QW
Email**: info@hwyca.co.uk**