

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. TOWN CENTRE ACTIVITIES LTD will only give that information if it is satisfied as to your identity. If release of the information will disclose information relating to another individual(s), who can be identified from that information, TOWN CENTRE ACTIVITIES LTD 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)

TOWN CENTRE ACTIVITIES LTD Rights

Town Centre Activities Ltd 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

A fee of £10 is payable for each access request, which must be in pounds sterling. Cheques, Postal Orders, etc. should be made payable to 'Town Centre Activities Ltd'.

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

Section 1 Asks you to give information about yourself that will help Town Centre Activities Ltd to confirm your identity. Town Centre Activities Ltd 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 2 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 3 Asks you to confirm whether you will accept just viewing the information, or if you want a copy of the information.

Section 4 You must sign the declaration

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

Operations Manager, Town Centre Activities Ltd,

**Address: PO Box 8921
Coatbridge
ML5 9AG**

SECTION 1 About Yourself

The information requested below is to help Town Centre Activites Ltd (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 names								
Maiden name/former names								
Sex (<i>tick box</i>)	Male			Female				
Height								
Date of Birth								
Place of Birth	Town							
	County							

Your Current Home Address (<i>to which we will reply</i>)	
	Post Code
A telephone number will be helpful in case you need to be contacted.	Tel. No.

SECTION 2 Proof of Identity

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

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

Also a recent, full face photograph of yourself.

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

SECTION 3 Supply of Information

You have a right, subject to certain exceptions, to receive a copy of the information in a permanent form. Do you wish to:

View the information and receive a permanent copy

YES / NO

Only view the information

YES / NO

SECTION 4 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

Warning – a person who impersonates or attempts to impersonate another may be guilty of an offence.

NOW – please complete Section 4 and then check the 'CHECK' box (on page 5) before returning the form.

SECTION 5 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 section overleaf.

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 or convicted of an offence

Other

Other - Please Explain

Date(s) and time(s) of incident	
Place incident happened	
Brief details of incident	

<p>Before returning this form</p> <p>Please check: documents?</p>	<ul style="list-style-type: none"> • Have you completed ALL Sections in this form? • Have you enclosed TWO forms of identification documents? • Have you signed and dated the form? • Have you enclosed the £10.00 (ten pound) fee?
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Further Information:

These notes are only a guide. The law is set out in the Data Protection Act, 1998, obtainable from The Stationery Office.

Please note that this application for access to information must be made direct to **TOWN CENTRE ACTIVITIES LTD** (address on Page 1) and **NOT** to the Data Protection Commissioner.

<u>OFFICIAL USE ONLY</u>	
Please complete ALL of this Section (refer to 'CHECK' box above).	
Application checked and legible? <input type="checkbox"/>	Date Application Received <input type="text"/>
Identification documents checked? <input type="checkbox"/>	Fee Paid <input type="text"/>
Details of 2 Documents (see page 3)	Method of Payment <input type="text"/>
<input type="text"/>	Receipt No. <input type="text"/>
	Documents Returned? <input type="text"/>
Member of Staff completing this Section:	
Name <input type="text"/>	Location <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>