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| **S:\SHARED\Logos\lcc_logo_colour.jpg** | **Longford County Council** |
| **Data Subject Longford Town CCTV Access Request Form** |

**General Data Protection Regulation and Data Protection Act 2018**

This form will be used to help Longford County Council identify the requested footage. Please complete the form and send it to the address at the end of the form. All fields marked \* are mandatory.

**Please note that recorded data is only held for a maximum of 28 days before it is deleted**

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| 1. PERSONAL DETAILS | |
| \* Full Name |  |
| \* Postal Address (including Eircode) |  |
| \* Telephone Number: |  |
| \* Email Address: |  |
| 2. INFORMATION REQUIRED | |
| \* Date: |  |
| \* Times:  **From and To times must be provided** |  |
| \* Location:  Please use list of cameras provided below. Please clearly state the camera |  |
| \* Description of requested footage: |  |
| 3. DECLARATION | |
| I wish to have access to identifiable images that I believe Longford County Council retains on me as outlined above. I understand that if any of the information given on this form is knowingly incorrect, I may be committing an offence. | |
| \* Signed: |  |
| \* Date: |  |

**Note:** we require proof of the applicant's identity and address to ensure that the person making this access request is acting legitimately and is the data subject for the personal data being requested. Please ensure you include a photocopy of proof of your identity and address with your submission.

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| **Checklist: Have you:** | Yes | No |
| Completed the Access Request Form in full? |  |  |
| Provided proof of your identity ? |  |  |
| Signed and dated the Access Request Form? |  |  |

If you have ticked *No* to any question above, we regret we cannot process your request.

Please return this form to: **The** **Data Protection Officer, Longford County Council, Áras An Chontae, Great Water St. Longford N39 NH56.** Requests with adequate information will be responded to within one month of their receipt.

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| FOR OFFICE USE ONLY | |
| As Data Protection & Information Compliance Officer, I hereby authorise  refuse  the disclosure of a DVD(s) in relation to the above location(s), date(s) and time(s). | |
| Signed: |  |
| Date: |  |

Reasons for refusal (if applicable)

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