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| **S:\SHARED\Logos\lcc_logo_colour.jpg** | **Longford County Council** |
| **Garda 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 28 days before it is deleted**

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| 1. DETAILS OF APPLICANT |
| \* Full Name: |  |
| \* Rank and Registered Number: |  |
| \* Organisation: |  |
| \* Telephone Number: |  |
| \* Email Address: |  |
| 2. INFORMATION REQUIRED |
| \* Pulse or Local File Number: |  |
| \* Location(s): |  |
| \* Camera name/number(s): |  |
| \* Date(s): |  |
| \* Time(s) (24-hour clock format): |  |
| \* Description of incident/person(s): |  |
| \* Reason why this information is needed for the prevention, investigation or detection of a crime: |  |
| 3. DECLARATION |
| On behalf of An Garda Siochana, I wish to have access to CCTV data under the An Garda Siochana Act 2005, solely for the purposes stated above. I understand that if any of the information given on this form is knowingly incorrect, An Garda Siochana may be committing an offence under The Data Protection Act 2018.I accept on behalf of An Garda Siochana that An Garda Siochana are now the Data Controller of the CCTV footage upon receipt. An Garda Siochana will take suitable and specific measures to safeguard the fundamental rights and freedoms of the persons on the CCTV data and process the information in accordance with the General Data Protection Regulation and the Data Protection Act 2018. |
| \* Signed:\* Name: | \* Rank and Registered Number:\* Date: |
| \* Authorising signature:(at least rank of Inspector)\* Name: | \* Approver Rank and Registered Number:\* Date: |

**Note:** All requests require approval from a member of An Garda Síochána of at least rank of Inspector as per Longford County Council’s Internal CCTV Policy.

Please return this form to: **The** **Data Protection Officer, Longford County Council, Áras An Chontae, Great Water St. Longford N39 NH56.**

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| FOR OFFICE USE ONLY BY Longford County Council |
| 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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| 4. Acknowledgement |
| \* Pulse or Local File Number: |  |
| \* CCTV Image received by (Full Name) |  |
| \* Rank & Registered Number |  |
| \* Date received: |  |
| \* Time received:  |  |
| \* Signature |  |