

**NEWARK & SHERWOOD CCTV SURVEILLANCE SYSTEM**  
**General Data Protection Regulation 2016**

**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. Newark & Sherwood District Council 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, the Council 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)

**The Council's Rights**

Newark & Sherwood District Council may deny access to information where the Regulation 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.

**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 the Council to confirm your identity. The Council 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 and photograph to:**

**Business Manager Community Safety, Newark & Sherwood District Council, Castle House, Great North Road, Newark, Nottinghamshire NG24 1BY, or take it to the Council office in this district (Receptionist – please complete 'Official Use' Section on page 6.)**

**If you have any queries regarding this form, or your application, please ring the Business Manager Community Safety on Tel No. (01636) 650000**

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**SECTION 1 About Yourself**

The information requested below is to help the Council (a) satisfy itself as to your identity and (b) find any data held about you.

PLEASE USE BLOCK LETTERS

<b>Title</b> <i>(tick box as appropriate)</i>	<input type="checkbox"/> Mr	<input type="checkbox"/>	<input type="checkbox"/> Mrs	<input type="checkbox"/>	<input type="checkbox"/> Miss	<input type="checkbox"/>	<input type="checkbox"/> Ms	<input type="checkbox"/>
<b>Other title</b> <i>(e.g. Dr., Rev., etc.)</i>								
<b>Surname/family name</b>								
<b>First names</b>								
<b>Maiden name/former names</b>								
<b>Sex</b> <i>(tick box)</i>	<input type="checkbox"/> Male			<input type="checkbox"/> Female				<input type="checkbox"/>
<b>Height</b>								
<b>Date of Birth</b>								
<b>Place of Birth</b>	Town							
	County							

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

**If you have lived at the above address for less than 10 years, please give your previous addresses for the period:**

<b>Previous address(es)</b>								
Dates of occupancy	From:					To:		

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**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 license, medical card, passport or other official document that shows your name and address.

Also a recent, full face photograph of yourself otherwise we will not be able to find your images.

**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:

(a) View the information and receive a permanent copy

YES / NO

(b) 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

General Data Protection Regulation 2016

The personal information you provide will only be used by Newark and Sherwood District Council, the Data Controller, in accordance with General Data Protection Regulation 2016 to process your application. The basis for processing this information is to enable the council to undertake a public task or to provide the service that you are requesting. Your personal information will not be shared with any third party other than our data processor. Your personal data will be kept in accordance with the Council's retention policy and schedule. For further details about how your information may be used or about your rights under the legislation please see our full privacy notice on our website or contact the council's Information Governance Officer on 01636 655216 or email [freedom@nsdc.info](mailto:freedom@nsdc.info)

**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.**

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**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 – please explain

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Date(s) and time(s) of incident

Place incident happened

Brief details of incident


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**Before returning this form**

- Have you completed ALL Sections in this form?

**Please check:**

- Have you enclosed TWO identification documents?
- Have you signed and dated the form?

**Further Information:**

These notes are only a guide. The law is set out in the General Data Protection Regulation 2016. Further information and advice may be obtained from:

**The Information Commissioner**  
**Wycliffe House**  
**Water Lane**  
**Wilmslow**  
**Cheshire**  
**SK9 5AF**  
**Tel. (01625) 545745**

Please note that this application for access to information must be made direct to **Newark & Sherwood District Council** (address on Page 1) and **NOT** to the Information Commissioner.

**Charges**

If you require a copy of, or require to view images of an accident, there are charges in place to cover all equipment usage, Operator charges and administration. You will not be given access to the CCTV Control room.

The charges are as follows:

Use of CCTV operator and playback and editing suite	£50.00 (per hour or part thereof)
CCTV footage per minute or part thereof	£5.50 (minimum 5 mins)
Still image	£2.00 each
CD/DVD	£2.00 each
Administration charges	£25.00
Postage and packing (Recorded Delivery)	£8.50

**OFFICIAL USE ONLY**

**Please complete ALL of this Section (refer to 'CHECK' box above).**

Application checked and legible?

**Date Application Received**

Identification documents checked?

Fee Paid

Details of 2 Documents (see page 3)

Method of Payment

Receipt No.

Documents Returned?

**Member of Staff completing this Section:**

Name

Location

Signature

Date