

Data Subject Access Request

Application Form
Marsaxlokk Local Council
CCTV SURVEILLANCE



Data Protection Officer
Marsaxlokk Local Council
2 Vittorio Cassar Street,
Marsaxlokk MXK 1051
Telephone: +356 7957 3417
Email: DPO@boomconsultancy.eu

Date: _____

Application No.

CRC

-

DP

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 exceptions, you have the 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. The Marsaxlokk Local 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 Marsaxlokk Local 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)

Local Council Rights

The Marsaxlokk Local Council 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:

- Security, 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

The Marsaxlokk Local Council may request a payment in accordance with the stipulated policy, depending on the nature of the request.

Your completed application form should be sent to the address at the top of this form

MARSAXLOKK LOCAL COUNCIL CCTV SURVEILLANCE

Subject Access Request Form

GDPR and Data Protection Act

- Section 1** Asks you to give information about yourself that will help the council to confirm your identity. The Marsaxlokk Local Council has a duty to ensure that information it holds is secure and must be satisfied that you are who you say you are.
- Section 2** Asks you to provide recent original 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.
- 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 and return the declaration.

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 CAPITAL LETTERS

| Title (tick box as appropriate) | Mr. | Mrs. | Miss. | Ms. | Other: |
|---|------|------|--------|-----|--------|
| Surname | | | | | |
| First Name | | | | | |
| Gender (tick box) | Male | | Female | | |
| Date of Birth | | | | | |
| Height | | | | | |
| Description of the clothing you were wearing | | | | | |

| | | |
|---|------------------------|--|
| Your current address (To which we will reply) | | |
| | | |
| | <i>Postcode</i> | |
| Previous address if you have moved within the last 3 years | | |
| | <i>Postcode</i> | |
| Contact details: A telephone number or email address will be helpful in case you need to be contacted about your request. | <i>Daytime Tel No.</i> | |
| | <i>Mobile No.</i> | |
| | <i>Email:</i> | |

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Proof Of Identity

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

For example: identity card, driving license, passport or other official document that shows your name and address.

Also a recent, full-face photo of yourself. (This is in addition to the description given in section 1 and will be used to help identify you by the officer viewing the CCTV footage).

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 | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| (b) Only view the information | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| (c) Receive a copy of the viewing report only | <input type="checkbox"/> YES / <input type="checkbox"/> 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.

Name and signature

Date

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

NOW –
Please complete section 5 and 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 *'the other'* box in respect of different categories / incidents / involvement. Continue on the back page of this form, in the same way, if necessary.

If the information you require relates to a vehicle, property, or other type of information, please ensure you include a full description of this information. Continue on the back page if necessary.

Were you: (tick box below)

- A person reporting an offence or incident
- A witness to an offence or incident
- A victim of an offence or incident
- A person accused or convicted of an offence

Other – Please explain

| | |
|--|--|
| | |
| | |
| | |
| | |
| | <i>Please continue on back page if necessary</i> |

Date(s) and time(s) of incident

Place incident happened

**Vehicle / property details
(if applicable)**

Brief details of incident on

| | |
|--|--|
| | |
| | |
| | |
| | <i>Please continue on back page if necessary</i> |

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Before returning this form

Please check:

- Have you completed ALL sections in this form?
- Have you enclosed a full-face photograph and description?
- Have you enclosed TWO original identification documents?
- Have you signed and dated the form?
- Have you enclosed the fee, if any required?

Further Information:

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

Information and Data Protection Commissioner
Level 2, Airways House,
High Street,
Sliema SLM 1549

Telephone: +35623287100

Email: idpc.info@gov.mt

Please note that this application for access to information must be made directly to the Data Protection Officer, Marsaxlokk Local Council **ONLY** (address on page 1).

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, if any

Details of 2 documents (See page 3)

Method of payment, if any

Receipt number

Documents returned?

NAME

Location

SIGNATURE

Date

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Please use the provided space in this page ONLY for any additional information here if space provided in Section 3 "Others" or "Brief details of incident" was insufficient.

Please return your completed form to:

The Data Protection Officer
Marsaxlokk Local Council
2 Vittorio Cassar Street,
Marsaxlokk MXK 1051

Email: DPO@boomconsultancy.eu