



Subject Access Request for the disclosure of CCTV footage

Section 1: Your Details

Title	
Forename (s)	
Surname	
Date of Birth	
Address	
Postcode	

Please provide us with the following information so that we may contact you should we require further information to deal with your request:

Telephone No	
E-mail Address	

Section 2: Details of CCTV footage being requested

Date of footage	
Time of footage (within 1 hour)	
Location of footage (area, town street, postcode etc. – please be as precise as possible)	

Section 2: Continued.....

Description of you (gender height, hair colour, build, clothes that you were wearing, etc.).	
Description of footage (please provide us with as much information as possible to help us identify the footage you require).	
Any other information that will help us identify the footage.	

Section 3: Declaration

- I certify that the information given on this form is correct.
- I wish to make a subject access request under the Data Protection Act for CCTV footage of myself.
- I understand that that I am not entitled to CCTV images relating to other people.

Signature:	
Date:	

Returning the form

This form must be completed and returned to:

Information Management Team
Rhondda Cynon Taf CBC
Rhondda Fach Leisure Centre
Tylorstown
CF43 3HR

Information.Management@rctcbc.gov.uk

When submitting the request please provide proof of your identity and address in order for RCT CBC to be sure we are providing the right information to the right person. As you are requesting CCTV images we will require photo identification such as a driving licence or passport to help identify you.

RCTCBC USE ONLY

Date of search:				
Search Result (please '☐')	Positive:		Negative:	
V-TAS incident No:				
CCTV Operative Name:				