	Office Use: SAR Ref No	
Northume	BERLAND	

Northumberland County Council

## **Body Worn Video Subject Access Request**

Please write in BLOCK CAPITALS in the boxes						
I am the data subject (the person the video footage is about)						
I am acting on behalf of the data subject (see below)						
The Data Subject's written consent to disclosure of information at part 3 $\Box$ A Court Order or Power of Attorney permitting release of the information requested at part 3						
My relationship to the Data Subject is: (eg. Solicitor, husband, civil partner, brother)						

Part 1 – Data S	Subject Personal D	etails				
Title	Full Forename(s)		Surname			
Date of Birth			Gender (please	delete)	Male	Female
Address			Daytime telepho	one		
			Mobile Number			
			Email address:			
Postcode						

Part 2 – Your	Personal Details (ONLY complete if ac	ting on behalf of a Data Subject)
Title	Full Forename(s)	Surname
Address		Daytime
		Mobile Number
		Email address:
Postcode		

**Important:** We need proof of your identity before we can disclose personal data. If you are the Data Subject (the person the video footage is about) - you will need to provide a copy of a recent document showing your name and address, and photographic evidence, such as passport. If you are acting on behalf of the data subject you will have to provide the evidence outlined above for the data subject, and proof of your own identity.

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Part 3 – Details of video footage	requested		
Please give as much detail about the vi Please note that this request <b>must</b> be r deleted after this time.	deo footage and		otage is automatically
Date footage taken	Day taken	Time	taken
Location that the footage was taken and event occurred:		· · · ·	
Further event details:			
If you were issued with a Penalty Charge N	otice (PCN), please	provide details:	

## Part 4 – Declaration by Requester

**Please note:** as the information being requested is video footage of an event taken on a body worn camera to verify the identity of the requester (Data Subject) we will require photographic evidence. We must be able to identify the data subject from the photographic evidence and the video footage.

I enclose a copy of photographic proof of identity of the data subject passport or driving licence

I enclose a copy of a recent document showing the data subjects name and address

If applying on behalf of someone else, I enclose a copy of a recent document showing the my name and address

I have enclosed £10 fee (cheques made payable to Northumberland County Council)

I declare, that to the best of my knowledge, the information I have provided on this form is correct

Signature:	Name in Capitals
	Date

Please return the completed form and required evidence and payment to: **Information Governance Office, NCC, County Hall, Morpeth, Northumberland, NE61 2EF** Further details can be found on our website at parking.northumberland.gov.uk, or by calling 0800 4006400 When all the required information is submitted you will receive a response within 40 days

For Office Use Only										
Date Received					Received by					
Signed form	Y	N	]			Γ	SAR Log ar	nd checklist	Y	Ν
Evidence of identity	Y	N	Date Rc'd							
Fee paid	Y	N	Date Rc'd				Pay Ref			