

CCTV Surveillance System Data Protection Act, 2018

ALL sections of the form must be completed. Failure to do so may delay your application

If you have any queries regarding this form, or your application, please call 01304 872168

About Yourself		
Title	Mr Mrs Miss Ms	☐ Other
Surname/family name		
First names		
Maiden name / former names		
Sex	Male Female	
Height		
Date of Birth		
Your Current Home Address (to which we will reply)		
Postcode		
Telephone		
Email		
If you have lived at the above address for less than 1 year, please provide:		
Previous Address(es)		
Dates of Occupancy	From	То
If you have lived at the above address for less than 1 year, please provide:		
If you have lived at the above address for less than 1 year, please provide:		
Previous Address(es)		
Trevious Address(es)		
Dates of Occupancy	From	То

Declaration			
The information that I have supplied in this application is correct and I am the person to whom it relates.			
☐ I have completed ALL sections of this form ☐ I enclose TWO identification documents * ☐ I enclose ÁsÁ^&^} đÃˇ Áæ&^Á, @ đ * ¦æ∮ Φ́ Á ^•^ ~			
* identification documents include birth/adoption certificate, driving licence, medical card, passport or other official document that shows your name and address.			
Signature	Date		
Please post your completed form and documents to:			
CCTV, Dover District Council, Council Offices, White Cliffs Business Park Dover CT16 3PJ			
Data Protection			
Dover District Council is a data controller under GDPR. Our <u>Privacy Notice</u> explains how we use and share personal information and protect your privacy and rights.			
Further Information			
These notes are only a guide. The law is set out in the Data Protection Act 2018, obtainable from The Stationery Office. Further information and advice may be obtained from:			
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 Dover District Council and NOT to the Information Commissioner.			
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	Method of payment		
	Receipt No.		
	Documents Returned		
Member of staff completing this section			

Reason

Date

Date information given

Request agreed

Name

Signature

YES / NO