

**Request for Information
Schedule 2 Part 1 Paragraph 2 Data Protection Act 2018**

1) Requestor

First name(s):		Last name:	
Job title:			
Organisation:			
Address:			
Postcode:		Telephone:	
Email:			

2) Data subject

Current details

First Name		Last name:	
Address:			

Other identifying information

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3) Specific information required

4) Reason for requesting disclosure

Offence(s)

Unable to specify offence due to risk of disclosure prejudicing the investigation/case

Statutory powers (Do not cite Sch.2 Pt 1 Para. 2 Data Protection Act 2018)

Purpose

State the purpose for requesting disclosure of personal information about the data subject specified in section 2 of this form.

Select one option:

- Prevention or detection of crime
- Apprehension or prosecution of offenders
- Assessment or collection of tax, duty or imposition of a similar nature
- Protecting the vital interests of a person

How would not providing the information requested prejudice the stated purpose?

5) Information provision

If we hold the requested information how would you like the information to be provided?

- Via secure email
- Collection in person (Proof of ID required when collecting)

We will notify you if we do not hold information or your request for disclosure is refused

6) Subject Access Requests

Please confirm if details of this request can be disclosed to the data subject under a subject access request or a where a data subject is exercising their information rights?

Yes No

7) Declaration & Authorisation

The authorising officer must be of the rank of police inspector or higher and for other 'relevant bodies' a senior officer/manager. In the case of an inspector not being available at your location, we will accept an email from an inspector (or higher ranking officer) attaching this paperwork and confirming their approval.

Declaration

I certify that:

- Information requested is compatible with the stated purpose and will not be used in anyway incompatible with that purpose
- The information provided on this form is correct
- I understand that if any information given on this form is incorrect, can be an offence under S.170 of Data Protection Act 2018

Requestor

Signed:		Date:	
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Authorising Officer

First name:		Last name:	
Job title:			
Signed:		Date:	

Where to send your request

Please note: If the form has not been fully completed and authorised you will be asked to re-submit your request.

Send this form to:

Email: dpa@stevenage.gov.uk

Postal address:

Data Protection Officer
Stevenage Borough Council
Daneshill House
Danestrete
Stevenage
Hertfordshire
SG1 1HN