

**1. Requestor**

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

**2. Data subject**

Current details

First name(s):		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 prejudicing the case**

**Statutory powers** (Do not cite Schedule 2 Part 1 Para. 2 Data Protection Act 2018)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.

Data Protection Act 2018 - Schedule 2, Part 1, Paragraph 2 (1) the listed GDPR provisions do not apply to personal data processed for any of the following purposes: -

Select one option

- (a) Prevention or detection of crime
  - (b) Apprehension or prosecution of offenders
  - (c) Assessment or collection of a tax, statutory duty or an imposition of a similar nature
- OR
- GDPR Article 6(1)(d) 'processing is necessary in order to protect the vital interests of the data subject or of another natural person'

**How would NOT providing the information requested prejudice the stated purpose?**

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**5. Information provision**

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

- Electronically via secure email
- Collection in person (Proof of identification required when collecting)

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

**6. Declaration and authorisation**

The authorising officer must be of the rank of police inspector or higher, or for other 'relevant bodies' a senior officer/manger. 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 (section 4) and will not be used in anyway incompatible with that purpose.
- I understand information given on this form is correct
- I understand that if any information given on this form is incorrect, I may be committing an offence under Section 170 Data Protection Act 2018

Requestor:

Signed:		Date:	
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Authorising Officer:

First name:		Last name:	
Rank/Number/ Job Title			
Signed:		Date:	

## Where to send your request

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

Send this form to:

Email: [dpa@easthants.gov.uk](mailto:dpa@easthants.gov.uk)

Postal address:

Data Protection Officer  
East Hampshire Council  
Penns Place  
Petersfield  
Hampshire  
GU31 4EX