

OPCCN
Building 8
Jubilee House
Falconers Chase
Wymondham, Norfolk
NR18 0WW
Tel No: 01953 424455

DATA PROTECTION ACT 2018 – SUBJECT ACCESS APPLICATION

Please read the following information carefully before completing the application for access to information held locally by the Office of the Police and Crime Commissioner for Norfolk

Your Rights

You have a right to be told whether any information is held about you and a right to a copy of that information, unless certain exemptions apply. You will be provided with that information only if you have provided satisfactory proof of your identity. Information may not have to be provided if someone else can be identified in or from the information. If you think that information might be held about you that may identify or have been provided by another person, you may want to get that person's written agreement to enable the information to be given to you, and send it with your application.

Chief Executive Rights

The Chief Executive may refuse a request where the information is held for:

- a) the prevention or detection of crime, or
- b) the apprehension or prosecution of offenders

and giving you the information would be likely to prejudice any of those purposes.

The information you provide on this form will be used for processing your request.

Official use only - OPCCN Ref. No :

What You Need To Do

- 1. Complete Sections 1, 2 and 3
- 2. Include **Proof of Identity**. To help establish your identity this application must be accompanied by **two** official documents (originals or photocopies) which between them clearly show your **name**, **current postal address**, **date of birth and signature**, for example: birth certificate, driving licence, passport, medical card, benefit(s) book, pension book or bank book.
- **3**. The completed form, and proof of identity should be sent to the above address, for the attention of the Data Protection Officer.

What Happens Next

Your application will be processed and a reply sent to the address shown on the form.

The Act requires that you receive a reply within one calendar month from the date the completed application form is received. Please contact us on the number above if you have not received your response within this period.

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Section 1 – About Yourself (tick small boxes [] where appropriate)					
Title: Mr [] Mrs [] Mi	ss [] Ms []	Other (specify)			
Surname/Family Name:					
First Name(s):					
Maiden/Former Name(s):					
Sex: Male [] Female []	Height:	Date of Birth:			

Place of Birth: Town	:	County:		
•		ar on your identity documents and will be the address to ou are making your request through a solicitor or other		
	6 – If you have liv	ontact Telephone Number: ved at your home address for less than 10 years dates on a separate piece of paper.		
possible. If it is something reference number that you r	tion that we may specific, for examination that the specific of the specific o	hold about you, please complete this section as fully as mple details of a reported crime or incident, quote any nue on a separate sheet if necessary.		
State here what information you are requesting.				
State here the date, time and location and any reference numbers you might have				
Section 3 – Declaration an	d signature			
The information which I have relates.	ave supplied in th	is application is correct, and I am the person to whom it		
Signature: Date: Included with form: 2 Identity Documents []				
WARNING: - A person w of an offence.	ho impersonate	s or attempts to impersonate another may be guilty		
OFFICIAL USE ONLY (t	o be completed b	by officer receiving)		
Application checked & leg Identification documents on Documents confirm name Birth, signature and addre	checked [] , date of			
Details of documents pro 1.	oduced:	Officer Completing: Name: Location: Date:		