

## **Cassowary Coast Regional Council** Send completed form to: enquiries@ccrc.qld.gov.au; or

PO Box 887, Innisfail QLD 4860

# **CCTV** – Footage Release Request Form (Personal Information)

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined on this form. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the Information Privacy Act 2009.

## Applicant Details

Fist Name:	Surname:
Email:	Phone:
Postal Address:	

Date/s:

#### **Requested Footage**

Camera Location/s:

Times Required: Between

& Other information deemed relevant which may assist:

### **Release of Footage/Incident Details:**

The release of personal Information is permitted under the following section of the Information Privacy Act 2009 (IP Act), Schedule 3 Information Privacy Principle, IPP 6, IPP 10 or IPP 11. Council has the right to refuse release of footage in the following circumstances:

- The agency is authorised or required under an access law to refuse to give the access to the individual;
- The personal information is expressly excluded from the operation of an access law;
- On balance it is contrary to the public interest to give the access; or Other individuals' personal information is also contained, unless the third party individual is being depicted as being engaged in unlawful of anti-social conduct and the release of the record may assist in identifying the individual.

Provide Details of the incident and/or purpose of obtaining the footage: (e.g. identify vehicle from collision)

Provide Details of any third party you may be required to share footage to: (e.g. Insurance Agency)

### **4** Applicants Declaration

I declare that the information provided within this form is complete and correct. I understand that footage will only be provided if it is located by Council or QPS based on the above information that I have provided and if the application satisfies the release criteria. I will provide a blank USB if the actual incident is found and will collect the footage in person. I acknowledge this will require presentation of Proof of ID prior to footage being provided.

Signed:

Dated:

### CCRC Use Only - Assessment by Council

Is the purpose of disclosure permitted in accordance with the IP Act? Yes No						
Is release of this footage granted?	Yes	No				
Assessing Officer Name:			Assessing	Assessing Officer Position:		
Signature:			Date:			

#### Additional Information:

The information in this request form must be sufficient to satisfy the provisions of the IP Act and enable Council to make an informed decision to release the information. In the event Council is not satisfied with this application, or the contents of the relevant footage do not satisfy the provisions of the Act, the release of footage will not be granted. In the event the Applicant is not satisfied with this response a further application can be made through the Right for Information Process, details of which can be obtained at http://www.cassowarycoast.gld.gov.au/right-to-information.