

**Disclosure Request for the
Prevention and Detection of Crime and Tax Investigation
(in terms of Schedule 2 Part 1 Para. 2 or Para. 5 Data Protection Act 2018)
(previously S29 Data Protection Act 1998)**

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Statutory powers (Do not cite Part 1, Schedule 2 of the Data Protection Act 2018)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

5. Information provision

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

Electronically using Secure File Transfer (SFT) or secure email (.pnn/.gis)

Collect 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

We require two signatures in principal form. The authorising officer must be of the rank of police inspector or higher, or for other 'relevant bodies' a senior officer/manager. **We will accept a request sent from a secure email address (e.g. .pnn, .gis,) which is confirmed by secure email by the authorising officer under enclosure of the request.**

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
- Non-disclosure would prejudice the case
- I confirm 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 the Data Protection Act 2018

Requestor

Signed:		Date:	
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Authorising Officer

First name:		Last name:	
Job title:			
Signed/Email		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: InformationGovernance@angus.gov.uk

Postal address: Information Governance Team
Angus Council
Angus House
Orchardbank Business Park
Forfar
DD8 1AN

Fax: **We do not accept requests by fax**

Angus Council Use Only

Release Authorisation

Information approved for release: Yes No

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