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# **Request for disclosure of information containing personal data**

Data Protection legislation places a duty on the Essex County Fire and Rescue Service (ECFRS) as a data controller to protect the privacy rights of data subjects in accordance with the principles of the Data Protection Act 2018. These principles include not disclosing personal data unless authorised by law or the owner of the data to do so. If you have a lawful basis (reason) to request a disclosure, please complete this form to register your request.

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| --- | --- |
| **Please provide your contact details:** | |
| Name |  |
| Organisation |  |
| Position |  |
| Address |  |
| Email |  |
| Phone |  |

**Please indicate the reason you wish to rely on, please tick as many options as apply:**

|  |  |  |
| --- | --- | --- |
| **Reasons relating to crime and taxation (Schedule 2, Part 1, Section 2)** | | |
| 1 (a) | The prevention or detection of crime |  |
| 1 (b) | The apprehension or prosecution of offenders |  |
| 1 (c) | The assessment or collection of a tax or duty or an imposition of a similar nature |  |

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| --- | --- | --- |
| **Reasons relating to legal proceedings (Schedule 2, Part 1, Section 5)** | | |
| 3 (a) | Necessary for the purpose of or in connection with legal proceedings |  |
| 3 (a) | Necessary for the purpose of or in connection with prospective proceedings |  |
| 3 (b) | Necessary for the purpose of obtaining legal advice |  |
| 3 (c) | Necessary for the purpose of establishing, exercising or defending legal rights |  |

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|  | To investigate a safety event as part of a statutory or public obligation |  |

**If you are relying on any other reason, please provide details below:**

|  |  |
| --- | --- |
|  | **Description** |
|  |  |
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| **Please provide other information to assist the ECFRS in locating the correct information. For example, if it is a CCTV request, provide the location of the incident, a specific time, etc. If it a request for personal information, provide a suitable form of identification such as driver’s license or employee ID card.** |
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| **Please state the information you wish ECFRS to disclose and any other relevant information** |
|  |

Depending on your circumstances you may need to provide evidence to support your request for disclosure. If this is the case we will contact you to request additional information.

**ECFRS USE ONLY**

|  |  |
| --- | --- |
| **Contact details of person authorising your request** | Date of request |
|  |  |

|  |  |
| --- | --- |
| **Date Collected** | Case number |
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| --- | --- |
| **Secure destruction of the information disclosed should be carried out after 20 working days except if there is a valid legitimate justification. Please enter destruction date.** |  |

Please return the completed form to [informationgovernance@essex-fire.gov.uk](mailto:informationgovernance@essex-fire.gov.uk). If you need any further information please contact the Information Governance team on 01376 576299