



COMHAIRLE CONTAE AN CHLÁIR CLARE COUNTY COUNCIL

Data Protection Subject Access Request (SAR) Form DP-SL-01

Request for access to Personal Data (this includes CCTV and other Surveillance Technologies) under the Data Protection Act 2018 and the General Data Protection Regulation 2016

Part 1 - Data Subject Personal Details	
Please complete all fields using block capitals.	
Full Name:	
Address:	
Email address:	
Contact telephone number:	

Part 2 - Verification of Identity			
Verification of identity and proof of address are required in order to accurately process			
your request.			
Documents provided will not be retained once a response to this query has issued.			
Note: Photographic verification <u>MUST</u> be submitted in order to process a CCTV and other			
Surveillance Technologies access request.			
I enclose as verification of my identity a photocopy of my:			
Passport:	Driving Licence: :		
Other:			
please specify:			
pieuse speeny.			
I enclose as proof of my address, a photocopy of:			
A Utility Bill:	A Government Letter:		
Other:			
please specify:			
If you are acting on behalf of the Data Subject (solicitor, parent/guardian), please provide evidence of same:			
Letter of Authority: Last Evidence of Parental Responsibility: Other: Description	ing or Enduring Power of Attorney: □ □		

Part 3 – Personal Data Requested

State clearly the personal data you require, including the period during which the data was held and any reference numbers relating to your dealings with Clare County Council.

If requesting access to CCTV & other Surveillance Technologies, please state location, date and time of recording.

Please provide as much information as possible to assist us in locating your data. Information required:

to:

Department name:

Dates/times to which your enquiry relates - from:

Location (in relation to CCTV & other Surveillance Technologies):

Reference number(s) (if known):

Part 4 - Declaration by Requestor

I declare that, to the best of my knowledge, the information I have provided on this form is correct. Signature:

Name (block capitals):

Date:

Please return your completed form, along with accompanying documentation to:		
Data Protection Officer		
Clare County Council		
Áras Contae an Chláir		
New Road		
Ennis		
Co. Clare		
V95 DXP2		
Telephone: 065 682 1616		
Email: dpa@clarecoco.ie		

Checklist	
Have you:	
1. Completed the Subject Access Request (SAR) form in full -	YES/NO
2. Signed and dated the declaration on the SAR form -	YES/NO
3. Included an appropriate form of Photo ID -	YES/NO
4. Included a copy of a recent utility bill or government letter -	YES/NO
5. Included a letter of consent to Solicitor/Parent/Guardian (where applicable) -	YES/NO

Privacy Statement

Clare County Council processes all personal information in accordance with the General Data Protection Regulation 2016 and the Data Protection Acts, 1988 to 2018.

The personal information (data) collected on this form, including any attachments, (which may include collection of special category data) is collected for the purpose of processing this application and any data collected is subject to Clare County Councils privacy statement which can be found at - www.clarecoco.ie/privacy-statement