

4. Declaration of applicant/officer

Application/officer signature:

purpose other than for which it was requested.

PO Box 3130, Bundaberg QLD 4670 190 Bourbong Street, Bundaberg QLD 4670 T 1300 883 699 F 4150 5410 E ceo@bundaberg.qld.gov.au W www.bundaberg.qld.gov.au ABN 72 427 835 198

## PERSONAL INFORMATION REQUEST - EXTERNAL AGENCIES

This form is used by external agencies to request access to the personal information of an individual (incl CCTV & BWC footage). Council will assess each application based on the information supplied. Approval will be granted where the application satisfies Council the requirements of Information Privacy Principles 11(1)(c) or 11(1)(e) of the *Information Privacy Act 2009* (IP Act).

The personal information collected on this form will be used to assess your request. Access to the supplied information is provided to authorised Council officers only and will be handled in accordance with Council's Privacy Statement governed by the IP Act. Visit www.bundaberg.qld.gov.au/privacy for further information.

1. Applicant/investigating officer details				
Name:				
Position title:				
Department/agency:				
Contact number:				
Email address:				
2. Legislation				
Have you been appointed as an authorised person? Yes* No *If you answered 'Yes' proceed to section 3 and provide a copy of your ID Card with this request.				
Are you exercising a delegation? Yes No				
Detail the applicable legislation and section pertaining to this request:				
3. Information details				
Personal Information (a)	CCTV Footage	e (b)	Body Worn Camera Footage (b)	
(a) Description of information required (e.g. ratepayer details, complaint document, rates notice etc.):				
(b) Footage date range:		Footage time	span:	
(b) Footage date range: Incident location:		Footage time	span:	
· , · · · ·		Footage time	span:	

I certify that the personal information disclosed to me by Bundaberg Regional Council will not be used for a

Date:



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5. Senior Authorisation
I am authorised by the nominated agency to verify this request and authorise the above applicant/officer to act on behalf of the aforementioned agency.
Name:
Position Title:
Email Address:
Signature:

BRC use only – Assessment by Govern	nance & Legal Services
Assessment of request:	
IPP Provision:	
Information to be released:	
Name and position of assessing officer:	
Signature:	Date:
Date released:	Released by:
Released to:	Signature of recipient:
Delivery method (i.e. USB):	