# Schedule 2 Part 1 Para. 2 Data Protection Act 2018

**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:** |  | | |
| **Previous Address:** |  | | |
| **Date of Birth:** |  | | |

**Other identifying information**

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|  |

**3. Specific information required**

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**4. Reason for requesting disclosure**

**Offence(s) tax or duty**

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|  |

Unable to specify offence due to risk of prejudicing the case

**Powers under which you are prosecuting, investigating, collecting tax etc.** (Do not cite Schedule 2 Part 1 Para. 2 Data Protection Act 2018)

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**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

**How would not providing the information requested prejudice the stated purpose?**

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**5. Information provision**

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

Electronically via secure email

Collection in person (Proof of identification required when collecting)

**Is the request urgent?**

Yes

Please explain why and indicate what date the information is required by.

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|  |

We will notify you if we do not hold information or your request for disclosure is refused

**6. Declaration and authorisation**

The authorising officer must be a senior officer/manager. In the case of a manager/senior officer not being available at your location, we will accept an email from them (or higher ranking officer) attaching this paperwork and confirming their approval

**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
* I am unable to source the information from elsewhere
* I understand 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 Section 170 Data Protection Act 2018

**Requestor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Authorising Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** |  | **Last name:** |  |
| **Job title:** |  | | |
| **Signed:** |  | **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: Legalinformationgovernance@wigan.gov.uk**

**Postal address:**

Information Governance Team

Wigan Council

First Floor

Town Hall

Library Street

WIGAN

WN1 1YN