**Individual Access CCTV / Image Request Form**

**Wilson Parking NZ Limited - IPP6 Form**

This form is to be completed per the Wilson Parking New Zealand Limited CCTV and Image Request Policy, where you request access to CCTV footage (including videos and images) and/or licence plate recognition images that Wilson may hold **about you or your vehicle** (**Footage**).

Please complete the below form and submit it to our Privacy Officer either by email cctv@wilsonparking,co.nz or by post to: The Privacy Officer, PO Box 8290, Newmarket, Auckland 1149. On receipt of your completed form, Wilson will consider your request in accordance with the information provided in your request form, our CCTV and Image Request Policy, the Wilson Privacy Policy, and the Privacy Act 2020 and will respond to your request promptly and in accordance with the statutory timeframe.

If you require any assistance with completing this form, please contact cctv@wilsonparking,co.nz

***Requestor details***

|  |  |
| --- | --- |
| **First name and surname of the person making the request**  |  |
| **Are you the owner of the vehicle? If not in which capacity, are you submitting this request (what is your involvement in this event?)** |  |
| **What type of incident took place that you are requesting this Footage for?****Provide full details. Please include the Police reference number.** |  |
| **Physical description of the person making the request e.g., relevant identifiable details in the requested Footage *(note: this is to help Wilson identify you in the requested Footage, where applicable)*** |  |
| **If applicable, physical description of the vehicle owned by the person making the request (e.g., make, model, colour, registration number).**  |  |
| **Your contact postal address**  |  |
| **Your contact number** |  |
| **Your email address** |  |

***Details of Footage to which the request relates.***

|  |  |
| --- | --- |
| **Date and estimated time of Footage when you**1. **entered the carpark**
2. **returned to the vehicle**
 |  |
| **Location at which Footage was captured (including the name and street address of the carpark, as well as the level of the carpark and bay number - if applicable)** |  |
| **Who else may be identified in the Footage, if known, or the type of person(s) likely to be included in the Footage e.g., members of the public, Wilson staff, etc.**  |  |
| **What is your preferred format for the Footage to be provided (where possible)? e.g., a description of the Footage in writing, to view the Footage, to have a copy of the Footage, etc.** |  |
| **Optional: any information you wish to provide about the reason / basis for your request.** |  |
| **In addition to requesting the above Footage, are you requesting any additional information under the Privacy Act? If yes, please provide further details.** |  |

***Requestor signature***

**In making this access request, I confirm that I am the person in the Footage requested, and it is my personal information that I am requesting:**

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |