

Hastings Borough Council
Strictly Private and Confidential

Part II of The Regulation of Investigatory Powers Act (RIPA) 2000
Cancellation of Directed Surveillance Authorisation

Public Authority (including full address)	
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Name of Applicant		Unit/Branch/Division	
Full Address			
Contact Details			
Investigation/Operation Name (if applicable)			

Details of cancellation:

1. Explain the reason(s) for the cancellation of the authorisation:

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2. Explain the value of surveillance in the operation:

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3. Authorising Officer's Statement.

I, hereby authorise the cancellation of the directed surveillance investigation/operation as detailed above.

Name (Print)		Grade/Rank	
Signature		Date	

4. Time and Date of when the authorising officer instructed the surveillance to cease.

Date:		Time:	
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5. Authorisation cancelled**Date:****Time:****6. I understand that the RIPA Authorisation has been cancelled with effect from:****Date:**

Name (Print)		Date:	
Signature			
Investigating Officer			

NB A copy of this form, once it has been authorised by the authorising officer and a JP must be kept on the Investigation Officer's file. The original must be sent to the Chief legal Officer, for placing on Hastings Borough Council's Central Register.