

Unique Reference Number	
-------------------------	--

PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT 2000

REVIEW OF A DIRECTED SURVEILLANCE AUTHORISATION

Public Authority <i>(including full address)</i>	
--	--

Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Operation Name		Operation Number* <small>*Filing Ref</small>	
Date of authorisation or last renewal		Expiry date of authorisation or last renewal	
		Review Number	

Details of review:

1. Review number and dates of any previous reviews.	
Review Number	Date

Unique Reference Number	
-------------------------	--

2. Summary of the investigation/operation to date, including what private information has been obtained and the value of the information so far obtained.

3. Detail the reasons why it is necessary to continue with the directed surveillance.

4. Explain how the proposed activity is still proportionate to what it seeks to achieve.

5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

6. Give details of any confidential information acquired or accessed and the likelihood of acquiring confidential information.

Unique Reference Number	
--------------------------------	--

--

7. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

8. Review Officer's Comments, including whether or not the directed surveillance should continue.

--

9. Authorising Officer's Statement.

I, [insert name], hereby agree that the directed surveillance investigation/operation as detailed above [should/should not] continue [until its next review/renewal][it should be cancelled immediately].

Name (Print)	Grade / Rank
.....	
Signature	Date

10. Date of next review.	
---------------------------------	--