

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act 2000

Cancellation of a Directed Surveillance authorisation

Form RIPADS3

Public Authority <i>(including full address)</i>	Wirral Council, Town Hall, Brighton Street, Wallasey, Wirral. CH44 8ED
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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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Unique Reference Number	
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2. Explain the value of surveillance in the operation:

3. Authorising officer's statement.
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I, [insert name], hereby authorise the cancellation of the directed surveillance investigation/operation as detailed above.

Name (Print)

Grade

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:
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