

Unique Operation Reference Number* (*Filing Ref)	
--	--



**Part II of the Regulation of Investigatory Powers
Act (RIPA) 2000**

**Cancellation of an authorisation for the use or conduct of a
Covert Human Intelligence Source**

Form RIPACHIS3

Public Authority <i>(including full address)</i>	Wirral Council, Town Hall, Brighton Street, Wallasey, Wirral. CH44 8ED
--	--

Name of Applicant		Unit/Branch	
Full Address			
Contact Details			
Pseudonym or reference number of source			
Investigation/Operation Name (if applicable)			

Unique Operation Reference Number* (*Filing Ref)	
---	--

Details of cancellation:

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

2. Explain the value of the source in the operation:

3. Authorising officer's statement. THIS SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE NOT THE TRUE IDENTITY.

Name (Print)		Grade	
Signature		Date	

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

Date:		Time:	
--------------	--	--------------	--