

Operation Reference Number* (* Filing Ref)	

REGULATION OF INVESTIGATORY POWERS (SCOTLAND) ACT 2000

Cancellation of an Authorisation for the Use or Conduct of a Covert Human Intelligence Source (CHIS)

Public Authority	The Moray Council Council Offices		
(including full address)	High Street		
,	Elgin		
	Moray		
	IV30 1BX		
Applicant		Service/Unit	
Full Address			
Contact Details			
Pseudonym or reference			
number of source			
Investigation/Operation			
Name (if applicable)			
Details of cancellation:			
	r the cancellation of the au	thorisation:	
2. Explain the value of the	source in the operation:		
	ocured in the operation		
	Page 1	of 2	
C:\Documents and Settings\Judith.Harris.MORAY\Local Settings\Temporary Internet Files\Content.Outlook\L72S067I\survform-cancellation-CHIS2.doc			

^{*} Every application, together with its subsequent forms must carry a unique Reference Number: this facilitates monitoring in the central record by the monitoring officer.



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3.	Authorising officer's statement. This should of the source not the true identity.	identify the name of the	the pseudonym	or refe	rence numbe	r
	I, [insert name] pseudonym or reference number]	hereby authorise the as detailed above.	e cancellation	of the	CHIS [inser	t
	Name (print)	Tel No	o:			
	Grade	Date				
	Signature					

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