



CCTV ACCESS REQUEST FORM

Access request from – CCTV Images

Date & Time of Recording	
Place of Recording	
Applicants Name	
Applicants Address	
Postcode	
Contact telephone no.	
Email address	
Description of Applicant and any distinguishing features (e.g. clothing) A recent photograph may be necessary to aid identification.	
Reason for request (to be submitted to the Parish Council.)	
Signature of Applicant (or parent/guardian if under 18)	

For official use only			
Received by:	Clerks Signature:	Date Received:	Time Received:
Fee Charged:	Fee Paid?	Request Approved: YES/NO	Date Applicant Informed:

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