

## CCTV ACCESS REQUEST FORM

Access request from – CCTV Ima	ges
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:

Document Reference	D018
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Date Adopted	13/10/2021
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