



CCTV Playback Request Form

Name: _____ Location to view: _____

Address: _____ Date & Time of incident: _____

City: _____ Requesting viewing on date: _____

County: _____ Post code: _____

Tel. Number: _____ Mobile Number: _____

Reason for request: _____

Signed: _____ Date: _____

----- *Please submit this document to the system administrator* -----

Date Received: _____ Ref No: _____

Approved: Yes/No

Reason: _____

Signed: _____ Date: _____

----- *Please submit this document to the day-to-day manager* -----

Date Received: _____ Date disclosure took place: _____

Requestor present: Yes/No

Copy Made: Yes/No *Ensure 2 copies are made and one returned with this form to the system administrator

Signed: _____ Date: _____