

FORM B.

DATA SUBJECT

REQUEST TO VIEW CCTV IMAGES

Date of Requested Recording:	Place of Recording:	Time of Recording:
Applicants Name and Address:	Evidence of Description of Applicant and any distinguishing features (e.g. clothing)	
Post Code:	(A recent photograph may be necessary to aid identification)	
Tel. No:		
Signature of Applicant: (or parent/guardian if under 18)		
Reason for request:		
Were you alone? YES/NO/N.A. If not, please describe any accompanying persons:		

FOR OFFICE USE ONLY

Received by:	Date Received:	Time Received:	
Fee Charged: N/A	Fee Paid:	Request Approved: YES / NO	Date Applicant Informed:
Actioned By:	Image Identified on:	In the presence of:	
On:/...../.....			