



S.O.S.O. 028

CCTV Recording Request

Name of Person Requesting Information: _____

Address of Person Requesting Information: _____

Reasons for Requesting Information: _____

Address of premises from which the recording was made:

Time Frame of Recording

From (Date & Time): _____

To (Date & Time): _____

This MUST be approved by the Data Controller or his approved representative

Representative's Name:

Representative's Signature: Date:

Time Frame of Recording (this is expressed either as the tape number and the recording dates – tape 6 10/03/2004 or if digital then the date and time followed by the camera(s) e.g. 10/03/2004 12:17:00)

From: To: Camera(s).....