



# CCTV Surveillance System

## Data Protection Act, 2018

ALL sections of the form must be completed.  
Failure to do so may delay your application

If you have any queries regarding this form, or your application, please call 01304 872168

### About Yourself

Title Mr  Mrs  Miss  Ms  Other

Surname/family name

First names

Maiden name / former names

Sex Male  Female

Height

Date of Birth

Your Current Home Address  
(to which we will reply)

Postcode

Telephone

Email

If you have lived at the above address for less than 1 year, please provide:

Previous Address(es)

Dates of Occupancy	From	To
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

## Supply of Information

You have a right, subject to certain exceptions, to receive a copy of the information in a permanent form.

I wish to:

- View the information and receive a permanent copy
- Only view the information

## Help us Find the Information

If the information you have requested refers to a specific offence or incident, please complete this Section.

Please complete a separate box in respect of different categories / incidents / involvement. Continue on a separate sheet, in the same way, if necessary.

If the information you require relates to a vehicle or property, please give the vehicle registration number and/or address, please complete the relevant section below.

If you are a victim of a criminal offence you **MUST** report this to the police who will make this request on your behalf. We will not be able to provide you with footage in criminal matters.

Date(s) and time(s) of incident

Place incident happened

Brief details of incident

