

CCTV ACCESS REQUEST FORM	
Date of Recording:	
Place of Recording:	Time of Recording:
Applicants Name and Address Post Code	Tel no
Signature of Applicant (or parent/guardian if under 18)	
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 Town Council)	
Received by:	Clerk's Signature
Date Received	Time Received
Fee Charged / N.A.	Request Approved
Fee Paid:	YES / NO
Date Applicant Informed:	