



# CCTV REQUEST FORM

## DETAILS OF APPLICANT

First Name	
Surname	
Postal Address	
Email Address	
Telephone Number	
Organisation	

## DETAILS OF FOOTAGE REQUESTED

Date	
Time	
Location	
Incident	

## DETAILS OF FORMAT REQUESTED (TICK ONE)

Footage viewed in club	
USB collected from club	
USB hand-delivered	
MP4 emailed	

## PROOF OF ID

We require evidence that this enquiry is genuine.

Therefore please enclose copies of at least two proofs of identity such as a driving licence, passport recent utility bill etc.

If you are applying on someone else's behalf, please enclose proof of identity for both the data subject and yourself as well as documented authority to act on the data subjects behalf.

Failure to provide these documents with your application will mean that your request is refused.

## WHERE TO SEND THIS FORM

Name	Ross Hunter
Title	Data Controller
Address	Laurieston Bowling Club Polmont Road Laurieston Falkirk FK2 9QT
Email	ross.hunter1978@hotmail.co.uk

## DECLARATION

Signature	
Date	

**\*\*\* Please note: CCTV footage is only stored for 7 days. \*\*\***