

Application for access to digitally recorded footage (Law Enforcement Form)

Full name of person making the request	
Organisation	
Address	
Telephone number	
Email address	

Details of CCTV Footage to be viewed

Date of CCTV footage			
Time of CCTV footage			
Location of CCTV footage			
Reason: (for police only) Do not simply cite chapter 3 GDPR			
Signed :		Date:	

The authorising officer must be of the rank of police inspector or higher, or for other 'relevant bodies' a senior officer/manager. We will notify you if we do not hold information or your request for disclosure is refused.

Completed forms should be returned to:
Gillian Slack- Practice Manager

The practice is committed to the principles defined in the GDPR 2016. As such, information collected in this document will be used only for the purpose described above. We may, however, store the data in manual or electric form, but only for as long as we are required to do so by law. By submitting this form you consent to these conditions.