

**Application for access to digitally recorded footage (SAR Form)**

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

**Details of CCTV Footage requested**

Date of CCTV footage:	
Approximate time of CCTV footage:	Start time: Finish time:
Location of CCTV footage	
Additional details to assist in locating footage required	
Please indicate your preference regarding the footage: <b>Tick one box only</b>	I would like to come into The Practice to view the footage <input type="checkbox"/>
	I would like a copy of the footage <input type="checkbox"/>

<b>Declaration:</b>			
I declare that the information given to me is correct to the best of my knowledge and that I am entitled to apply for this footage.			
<i>You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution</i>			
Signed :		Date:	

We will notify you if we do not hold information or your request is refused

Completed forms should be returned to:

Gillian Slack- Practice Manager.