

**APPLICATION FOR REVIEW/RETRIEVAL OF CCTV DATA – Winchester Ref NO:**

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**APPLICANTS INFORMATION**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Title: \_\_\_\_\_ Collar No: \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

Email Address: \_\_\_\_\_

 \*\*\*\*\***Incident Details**\*\*\*\*\*

Date of Offence: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ RMS #: \_\_\_\_\_

Location: \_\_\_\_\_

Incident Detail \_\_\_\_\_

Circle CCTV Format Required: DVD CD HDD Other\_\_\_\_\_

\*\*\*Submit Form after Completion\*\*.... Email: cctvrequest@winchester.gov.uk \*\*\*\*\*

 \*\*\*\*\***CONTROL ROOM USE**\*\*\*\*\*

<b>Request Authorized by:</b>	Date:
<b>Footage Review by:</b>	Date:
<b>Footage Downloaded by:</b>	Date:
<b>Outcome: Incident Observed: Partial <input type="checkbox"/> Complete <input type="checkbox"/> Negative <input type="checkbox"/></b>	

Win Ref No.	Bag number	Disc URN	Camera No.(s) Used	Evidence locker number

 2 Copies required: 1 for requester, 1 for the Data Controller 

As the requesting officer/official I have viewed the above CCTV recording and deemed it to be of evidential use. I require a copy of the data to be saved to disc for the purposes of the investigation. I sign below to take possession of the disc(s) with the unique reference number(s) logged above which has been placed in an (evidence) bag number \_\_\_\_\_ and I assume responsibility for its storage, disclosure, continuity and final destruction in accordance with the Data Protection Act 1998. I confirm that the footage seized will not be used for any purpose other than in connection with the above-mentioned investigation without obtaining written permission from the Winchester Council Data Controller.

<b>Signature</b>	<b>Print Name</b>
<b>Warrant Number (If Applicable):</b>	<b>Date &amp; Time:</b>