



PMG005

CLOSED CIRCUIT TELEVISION (CCTV) VIEWING REQUEST FORM

CCTV LOG No- [] -20

REQUESTING PARTY TO COMPLETE:

Name: [] Email: []
Company: []
Work Phone: [] Mobile: []

INCIDENT DETAILS

Incident Date: [] Location: []
Time From: [] Time To: []

Description of Incident: (including; produce taken, item stolen, vehicle damaged)

Reason for request: (eg: Owner of missing items, Owner of damaged property)

Perth Markets Group reserves the right to refuse to permit you to view any CCTV footage.

PML USE ONLY
Received By: [] Date Received: []
Ops Manager: [] Request Authorised: [] YES [] NO
Signature: [] Date Authorised: []
Allocated To: [] Date Allocated: []
Signature: [] Date Completed: []
Comments: []

I agree that any CCTV viewing will only be for the purpose as specified in this form. I agree that I have read PMG privacy policy and you will only use the CCTV viewing in a manner consistent with that policy.
Copy supplied: [] YES [] NO Received by: [] Signature: []

Request Complete: [] YES [] NO Ops Manager: []
Signature: [] Date: []