

**APPENDIX C**

**London Borough of Richmond upon Thames  
CCTV Control Centre**

**At Civic Centre, 44 York Street, Twickenham TW1 3BZ**

**Viewing and Removal of Recorded Data  
(other than for a day-to-day function)**

Reference number CCTV Tape Number \_\_\_\_\_ Series Number \_\_\_\_\_

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Date and time of viewing request:

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Name(s) of person(s) requesting the viewing:

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Organisation:

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Recorded information required, Date and Approximate time:

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Reason for viewing: (This must be a reason compatible with the reasons set out in the CCTV code of practice.)

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Request accepted and Officer agreeing:

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Outcome of viewing:

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Has the third party requested the data to be copied?

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Has the request been agreed?

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If rejected, reasons why?

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If agreed, reasons for allowing disclosure of the recorded data:

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If agreed, date and time of data copied and disclosure made:

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What information has been accessed? (A brief description.)

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Remarks:

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Signed by third party:

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Signed by Control Centre Manager: (or authorised officer)

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Date:

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