CCTV Footage Request Form

Name of requestor:	
Date of request:	
Requestor organisation:	☐ **Victoria Police** ☐ **Ambulance Victoria** ☐ **Metropolitan Fire Brigade** ☐ **City of Port Phillip** ☐ **Other** **If other**, please enter your organisation: …………………………...............
If City of Port Phillip Employee:	**Division:**
	Department:
Type of request:	☐ **To view electronic data** ☐ **To be supplied a copy of electronic data**

Please note - a copy of electronic data provided to a Council employee remains the property of the City of Port Phillip (CoPP) Council and must be returned to the CoPP Security Advisor after use for its intended purpose.

Where a copy of electronic data is provided to a third party, such as Victoria Police, it will be the third parties responsibility to retain the record in accordance with the disposal authority that covers their agency's functional responsibilities.

This is a legal requirement and audited by CoPP.

Date of incident:	
Footage time required:	
Location of incident:	

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Description of Incident:	

Agreement

1. I acknowledge that any CCTV footage released Council employees is the property of the City of Port Phillip.

2. I acknowledge that images relating to other persons contained in any CCTV footage released to me will not be used.

3. I will not allow copies of any CCTV footage released to me to be reproduced unless requested for legal purposes.

4. I will not show or display any images or release it publicly without the written consent of the City of Port Phillip.

5. I will keep the footage released to me in a locked receptacle when not being utilised.

6. Footage provided to a third party is the responsibility of said party to retain the record in accordance with the disposal authority that covers their agency's functional responsibilities

External requestor - Section 1

Name: …………………………………………….................   Date: …………….......

Position title: …………………………………………...

Signature: …………………………………………...

Please note – After form is complete, requestor must submit this form via email to the following **helpdesk: CCTV Footage Requests** (helpdeskcctv@portphillip.vic.gov.au)

City of Port Phillip requester - Section 2

Name: …………………………………………….................   Date: …………….......

Position title: …………………………………………...

Signature: …………………………………………...

Please note - internal requests must be approved by the requestor's Manager prior to submission of request. If manager is completing this form, please only complete section 3.

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City of Port Phillip manager - Section 3

Name: …………………………………………….................	Date: ……………......

Position title: ……………………………………………...

Signature: ……………………………………………...

Please note – After manager has completed or approved the request, manager must submit this form via email to the following **helpdesk: CCTV Footage Requests** (helpdeskcctv@portphillip.vic.gov.au) to ensure validation.

Review of request

Name: …………………………………………….................	Date: ……………......

Position title: ……………………………………………...

Department: ……………………………………………...

Outcome:	☐ **Approved**

☐ **Rejected** (if rejected provide comments below)

Reason for rejection:

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Signature: …………………………………………….........................	Date: ……………......