

Appendix 1

ACCESS TO VIEW OR COPY TAPES – POLICE AND PUBLIC

Name of person making request:	
Organisation:	
Address:	
Telephone Number:	

DETAILS OF TAPE TO BE VIEWED

Date:	
Reason: (For police only)	

Signed:		Date:	
Request Granted:		Request Denied (Reason):	

TO BE COMPLETED IF TAPE REMOVED FROM CIRCULATION

Tape No.			
Issued To.			
Crime No. (For police only)			
Date Issued			
Issued by			
Return Date:			
I acknowledge receipt of the above tape:			
Signed:		Date:	