



**PAROW INDUSTRIA
IMPROVEMENT DISTRICT ASSOCIATION NPC (CID/SRA)**

Registration number: 2001/027476/08

Including Tygerberg Business Park

Securing Your Business Environment

**REQUEST FOR A COPY OF RECORDED FOOTAGE
FROM PAROW INDUSTRIA CID CONTROL ROOM**

I, from
(Name & Surname)

..... hereby request
(Organization Name & Telephone Number)

a copy of recorded footage from cameras in Parow Industria (CID).

Footage required related to the following cameras:

- | | | | | | | | | |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| 9 <input type="checkbox"/> | 10 <input type="checkbox"/> | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> | 14 <input type="checkbox"/> | 15 <input type="checkbox"/> | 16 <input type="checkbox"/> | |
| 17 <input type="checkbox"/> | 18 <input type="checkbox"/> | 19 <input type="checkbox"/> | 20 <input type="checkbox"/> | 21 <input type="checkbox"/> | 22 <input type="checkbox"/> | 23 <input type="checkbox"/> | All <input type="checkbox"/> | <input type="checkbox"/> Trailer 1 |
| <input type="checkbox"/> Trailer 2 | | | | | | | | |

Incident Date (dd/mm/yy):

Start: End:

Incident Time:

Start: End:

Incident Address:

.....

Detailed Description of Incident:

.....
.....
.....
.....
.....
.....
.....

Case Number (if applicable):

Signature of person requesting Footage: Date:

Signature by Parow CID Representative: Date: