CCTV footage request (Tasmania Police)

City of *HOBART*

When to use this form

Use this form if you a member of the Tasmanian Police and need to request CCTV footage within the Hobart municipal area.

Personal details

First name Required

Last name Required

Badge ID Required

Police station Required

Email address Required

Telephone number Required

Incident details

Date `Required`

| D | D | M | M | Y | Y | Y | Y |

Time (12 hour format) `Required`

Location `Required`

Incident classification (Select 1 option) `Required`

- ○ Confidential
- ○ Restricted
- ○ Unclassified

> Complete this field if you selected 'Confidential ' in *Incident details: Incident classification*

Incident type/reason for request (Select 1 or more options) `Required`

- ☐ suicide
- ☐ sexual assault
- ☐ violent assault
- ☐ murder
- ☐ stabbing
- ☐ shooting
- ☐ counter terrorism response
- ☐ other

> Complete this field if you made a selection that includes 'other' in *Incident details: Incident type/reason for request*

Please specify `Required`

Complete this field if you selected 'Restricted' in *Incident details: Incident classification*

Incident type/reason for request (Select 1 or more options) Required

- [ ] worksafe reportable incident
- [ ] theft
- [ ] mass gatherings
- [ ] involving children or school groups
- [ ] common assault
- [ ] serious property damage
- [ ] other

Complete this field if you made a selection that includes 'other' in *Incident details: Incident type/reason for request*

Please specify Required

[   ]

Complete this field if you selected ' Unclassified' in *Incident details: Incident classification*

Incident type/reason for request (Select 1 or more options) Required

- [ ] insurance related
- [ ] object counting
- [ ] unattended item recognition
- [ ] licence plate recognition
- [ ] directional motion control
- [ ] other

Complete this field if you made a selection that includes 'other' in *Incident details: Incident type/reason for request*

Please specify Required

[   ]

Description of incident Required

[   ]

Description of persons involved Required

Any further description that may help to identify the location e.g. intersection name, a known landmark Required

Do you have any attachments to support your request? (Select 1 option) Required

○ yes

○ no

Complete this field if you selected 'yes' in *Incident details: Do you have any attachments to support your request?*

Supporting documents

📎 Please attach all files to the end of this form before submitting it.

For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form

Don't forget to attach all files before submitting this form