



Communication, Information and Surveillance Command Center (CISCC)
CCTV ACCESS REQUEST FORM

Date

							2	0	2	5
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Month

Day

Year

1. Details of Individual Making Request

Name:

Organization/Department: LTMPS LTMPS-Traffic Management Section
 Civilian Client Others: _____

If Civilian client, kindly indicate address.

Contact No.

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2. Kindly check the purpose of the CCTV Footage

3.a. Investigation
3.b. Reference
3.c. Research/Study, kindly specify, _____
3.d. Others, kindly specify, _____

3. Details of Incident

Type of Incident	Date of Incident	
Location of Incident	Start Time	End Time

Kindly provide the estimated time nearest to the target time of incident to be reviewed.

Name and Signature
Representative\Requesting Party

TO BE FILLED-UP BY AUTHORIZED PERSONNEL ON DUTY

4. Request Letter

With Request Letter? No. If no, kindly attach scanned ID of Client
 Yes. If yes, kindly attach copy of letter.

5. CCTV Details

Record Availability	Camera Name/Location		Copied	Remarks
Record Available				
	Camera	Reason for camera unavailability		
Record Unavailable		<input type="checkbox"/> Offline <input type="checkbox"/> No Record <input type="checkbox"/> Obstructed CCTV <input type="checkbox"/> System Malfunction		

Reference Number

2	0	2	5	-			
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Month

Number

Name and Signature

Authorized Personnel on Duty