

2. Surveillance Area/Location

Please provide details of the location of the problem/area to be observed (not where the camera is going to be situated). Please attach a map if appropriate.

3. Evidence of the Need for Deployment

Please provide details of why the deployment of a camera is necessary and what will happen top any footage that is recorded onto tape (attach additional pages if necessary)

Signed..... Print Name.....

Date.....

This form should be returned to:

Maidstone Community Safety Unit, Maidstone Borough Council

Email: stuartmoaby@maidstone.gov.uk

FEASIBILITY STUDY AND RISK ASSESMENT

Site visited by:	(Block capitals)
Date of visit:	

Type of Location (Tick all that apply)

Residential area		Shops/Retail/Commercial	
Highway		Industrial Site	
Rural area		Urban Area	
Public/communal space		Other	

If 'Other', please specify:

Availability of Camera Mounting Positions

Building/Property		Street Furniture	
Vehicle		Other	

If 'Other', please specify:

Any potential problems with the camera mounting position? (Please specify)

NB: If a lighting column is to be used as a camera mounting, please note it's number and check it's suitability with Kent Highways (01622 602 377)

Signage

Number of signs that will be required:	
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Safety Considerations

Each of the following should be considered. Please tick any safety considerations that may be of concern.

Height of camera location		Soft ground/verges	
Road traffic		Electrical supply	
Overhead power cables		Likelihood of harassment	
Uneven ground		Security – mounting position	
Is there natural surveillance?		Is there multi-camera surveillance?	

Are there any other safety considerations? If so, please specify:

I certify that I have visited the site stated and confirm the findings as stated above:

Signed..... Position.....

MAIDSTONE MOBILE CCTV SYSTEM COMMUNITY SAFETY UNIT SURVEILLANCE AUTHORITY
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A request for Mobile CCTV Deployment has been received and considered by the Community Safety Unit in accordance with the procedures described within this Protocol.

Applicant's Name	
Surveillance Area/Location	

We, the undersigned, hereby authorise/refuse authority* for the deployment of the Maidstone Mobile CCTV System as requested by the applicant above.

*delete as appropriate

Community Partnerships Manager (or delegated deputy, Community Development Team Leader)	Name
	Signature
	Date

Sergeant, Maidstone Community Safety Unit (or delegated deputy)	Name
	Signature
	Date

PCSO (CCTV), Community Safety Unit (Maidstone)	Name
	Signature
	Date

Where the authorisation is granted

The deployment period will be:

Start date	
End date*	

*Not more than three calendar months.

Scheduled review date:	
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