Attachment 2:

REQUEST FOR DEPLOYMENT OF THE	
MAIDSTONE CCTV SYSTEM	

Applicant's Name	
Organisation Name and	
Address	
Tel. No.	
Email Address/Fax No.	
request the deployment of t	the Maidstone CCTV Mobile System as follows:
1. Purpose and Object	tives (please specify the nature of the problem, what you hope to achieve
and how the equipme	ent will assist)

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	IPrint Name	
Date		

This form should be returned to:

Maidstone Community Safety Unit, Maidstone Borough Council

Email: stuartmoaby@maidstone.gov.uk

FFΔSI	IBILITY STUDY AND RISK ASSESMENT	
ILASI	IDIEIT STODT AND KISK ASSESIVIENT	
Site visited by:	(BI	ock capitals)
Date of visit:		
Type of Location (Tick all that apply	d)	
Type of Location (Tiek all that apply		
Residential area	Shops/Retail/Commercial	
Highway	Industrial Site	
Rural area	Urban Area	
Public/communal space	Other	
If 'Other', please specify:		
in Gener, predate appears.		
Availability of Camera Mounting Po	ositions	
Building/Property	Street Furniture	
Vehicle	Other	
If 'Other', please specify:		
Center, produce op comy.		
Any potential problems with the ca	camera mounting position? (Please specify)	
NB: If a lighting column is to be used as	s a camera mounting, please note it's number and check it's su	itability with
Kent Highways (01622 602 377)		
Cinnan		
Signage		

Safety Considerations

Number of signs that will be required:

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, ple	ease specify:
I certify that I have visited the site stated and confi	rm the findings as stated above:
Signed	Position

DECLARATION FORM

To be completed by each person providing their consent for Mobile CCTV (MBC) to be sited at their property as an observation point.

I have been informed about the use of Maidstone Mobile CCTV System, for which my property can provide an Observation Point. The possible consequences of using my property as an Observation Point have been explained to me. I agree to give my consent for my property (details as provided below) to be used for this purpose.

I indemnify, release and discharge the Council/Contractor from and against any expense, liability, claim or proceedings whatsoever in respect of any property or any personal injury to the land owner, their tenants, invitees or any other residents of the property arising out of the carrying out of the service. I shall give the Council/Contractor or a representative of the Council/Contractor access to the property to perform the service.

Name	Address (and home address if different)	Signature	Date

MAIDSTONE MOBILE CCTV SYSTEM COMMUNITY SAFETY UNIT SURVEILLANCE AUTHORITY

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		
	se authority* for the deployment of the Maidstone Mobile CCTV Systen	
Community Partnerships Manager	Name	
(or delegated deputy, Community Development Team Leader)	Signature	
	Date	
Sergeant, Maidstone Community Safety	Name	
Unit (or delegated deputy)	Signature	
	Date	
PCSO (CCTV), Community Safety Unit	Name	
(Maidstone)	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:		