

VIDEO EVIDENCE VIEWING REQUEST FORM



To be filled in by the DVLA registered keeper of the vehicle

Vehicle Registration: _____ Make: _____

PCN Number: EA _____ Contravention Date: _____

Name: _____

Address: _____

Post Code: _____

Contact Telephone Number: _____

As the registered keeper of the above vehicle at the time of the alleged contravention, I would like to see the recorded video footage held by the Council at a date and time to be arranged by the Council.

Preferred Day and Time

We currently arrange video viewings Mondays to Fridays between 9am and 4:30pm only. Please indicate below your preferred day and time of the day.

Day	Specify a time between 9am and 4:30pm (Time specified must be in 15 minute intervals i.e. 09:00, 09:15, 09:30, 09:45 etc.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

IMPORTANT NOTE: Please do not attend the Council Reception without a confirmed appointment. Late arrivals will not be entertained. If you are unable to attend an appointment please telephone us on 0208 825 6565 at the earliest opportunity to re-schedule or cancel your appointment. You must note that if an appointment is granted, it would be for viewing only purposes. The Council is not prepared to discuss the Penalty Charge Notice at the appointment. Sign below.

Signature: _____

Date: _____

Please return this form to: Ealing Council, Parking Services, PO Box 46264, London, W5 2UN

To be completed by both parties at the viewing appointment

I confirm that I have viewed the video footage requested in the presence of a representative of the London Borough of Ealing.

Name	Signature	
		LBE Representative (1)
		LBE Representative (2)

For official use only

Tape Number: _____

Video Footage Viewing

Day	Date	Time	Start Frame	End Frame