



**Australian  
BORDER FORCE**

**SENSITIVE**

# Request For CCTV Camera Control Access (external agency)

### FREEDOM OF INFORMATION ACT

If a request under the FOI Act is received for access to this document, or an extract from this document, please consult the Department of Immigration and Border Protection FOI Section, Canberra, ACT.

### PRIVACY ACT

The provisions of the Privacy Act should be complied with by anyone handling personal information contained within this document.

### AUSTRALIAN BORDER FORCE ACT

Officers are advised that information requested / provided may be subject to the provisions of Part 6 of the *Australian Border Force Act 2015*.

### Access Requested (Tick appropriate boxes)

|                 |                                    |                                   |  |
|-----------------|------------------------------------|-----------------------------------|--|
| <b>Location</b> | Sensitive <input type="checkbox"/> | OCP/ECP <input type="checkbox"/>  | Baggage Exam <input type="checkbox"/>  |
| <b>Type</b>     | Fixed <input type="checkbox"/>     | PTZ <input type="checkbox"/>      |  |
| <b>Function</b> | Live View <input type="checkbox"/> | Move PTZ <input type="checkbox"/> | View Playback <input type="checkbox"/> |

### Time Frame Requested

(Date and Time must be entered)

|              |             |   |   |            |             |   |   |
|--------------|-------------|---|---|------------|-------------|---|---|
| <b>From:</b> | <b>Date</b> | / | / | <b>To:</b> | <b>Date</b> | / | / |
|              | <b>Time</b> |   |   |            | <b>Time</b> |   |   |

### Reason for requesting access (additional information may be attached)

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### Requesting Officer

|           |  |                   |  |
|-----------|--|-------------------|--|
| Full Name |  | Card/Badge No.    |  |
| Agency    |  | Contact Phone No. |  |

### AFP Authorisation Officer (AFP Team Leader)

|           |  |                           |     |
|-----------|--|---------------------------|-----|
| Full Name |  | Position Title and Number |     |
| Signature |  | Date                      | / / |

### Officer of Customs (CCTV Administrator)

|           |  |                           |     |
|-----------|--|---------------------------|-----|
| Full Name |  | Position Title and Number |     |
| Signature |  | Date                      | / / |

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