



Elouera Surf Life Saving Club



CCTC Review Request

Date of incident:	Time of incident:
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Location:

Nature of incident:

If this is a crime (e.g. Theft of or from, malicious damage) has it been reported to Police?

<input type="checkbox"/>	Yes	If Yes what Police Station
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<input type="checkbox"/>	No	Officers name and contact phone and email
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<input type="checkbox"/>	No	
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Applicants details

Full name:

Address:

Phone:

Club Use Only

Date received:

BOM approval YES No

BOM name & signature

BOM name & signature

Reviewing Officer

Action taken

Cameras of interest