

 <p>Walcownia Metali Dzierżycie S.A.</p>	DT
<p><i>Dated:</i></p>	Request for recordings

REQUEST FOR ACCESS/SECURING/VIEWING*

video surveillance footage

....., date

.....

Name and surname

.....

Contact Information

Time scope of recordings:

Exact location with the indication of cameras:

The purpose for obtaining recordings:

Other information:

.....

DATE AND SIGNATURE OF THE APPLICANT

Approved / Rejected*

Justification:

.....

Signature of the Data Controller or an authorised person

*delete as appropriate

I confirm the reception of the recordings: