

Request for Disclosure of Video Surveillance Recording Form

Recording Information

Recording description: _____

Library branch: _____

Camera location(s): _____

Date of recording: _____

Requested by: (name) _____

(agency) _____

What is the reason/purpose for the request?

Conditions

The following conditions will apply upon receiving the video surveillance recording:

1. The recording will be used only for lawful investigative and/or evidentiary purposes.
2. The receiving agency shall be solely responsible for ensuring that the recording, and any copies or still images, are protected from improper use and/or disclosure.

3. Once they are no longer required, the recording and any copies or still images will be returned to the Library or destroyed by the requesting agency.

Agreement

Recording received by: _____ (name)

who is authorized to accept the recording and the conditions outlined above on behalf of _____(name of agency).

Signature: _____

Title: _____

Email: _____ Phone Number: _____

Date: _____

Release approved by: _____ (name)

Signature: _____

Title: _____

Date: _____