



CCTV Video Request Form

NAME OF APPLICANT/AGENCY: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

PARTY OF INTEREST: (Please check one)

- [] Person Involved [] Property Owner [] Parent/Guardian of Juvenile
[] Attorney [] Insurance Company Representative
[] Other: _____

\$150.00 Service Fee [] Pick up [] Shipping Fee (+\$5) [] Delivery Fee (+\$25)

I declare under the penalty of perjury that I am the party of interest identified hereon.

SIGNATURE _____ DATE _____

CASE / REPORT NUMBER: _____ DATE OF INCIDENT: _____

TIME OF INCIDENT: _____ LOCATION OF INCIDENT: _____

INCIDENT TYPE: (Please check one)

- [] Traffic Collision [] Crime [] Other: _____

REASON FOR REQUEST:

ADDITIONAL INFORMATION:

