

Digital Closed Circuit Television Recording Retrieval

The USC Department of Public Safety is able to provide Digital Closed Circuit Television (CCTV) recordings to non-law enforcement parties upon official request. Video footage, when available, will be released to:

- Victim(s)
- Authorized representatives of victim
- Insurance carriers against which a claim has been made and/or might be made
- Person suffering bodily injury, property damage or loss

The Department of Public Safety has the right to refuse release of material if:

- It could endanger the safety of a witness or other involved party
- It could hinder the successful completion of an investigation
- The Department is prohibited by law from releasing the material if a request from a law enforcement agency requests the video be held or court orders a hold on video.

Requesting CCTV Video

The CCTV Video Request Form needs to be completed and submitted before any video is released. Requests can be made in person at the address below or emailed to Detective Lieutenant A. Drake at adrake@dps.usc.edu. Please allow three to five business days for DPS to process your request.

Fees and Payment

The fee for a CCTV Recording is \$150.00 plus shipping when applicable. An invoice will be sent upon verification of video availability and the material will be released upon receipt of payment.

CASHIERS CHECK OR MONEY ORDER – NO CASH ACCEPTED

- Pick up available at no charge (DPS Station 3667 S. McClintock Ave. Los Angeles, CA 90089)
- Shipping fee of \$5.00 applies to all mailed requests.
- International shipping charges to be determined on a per request basis



CCTV Video Request Form

NAME OF APPLICANT	AGENCY:
ADDRESS:	
TELEPHONE:	EMAIL:
PARTY OF INTEREST:	Please check one)
Person Involved Attorney	Property Owner Parent/Guardian of Juvenile Insurance Company
Representative Other:	
\$150.00 Service Fee	Pick up Shipping Fee (+\$5) E-mail requests
Cashiers Check or M	oney Order – NO CASH ACCEPTED
I declare under the penalty	of perjury that I am the party of interest identified hereon.
SIGNATURE	DATE
CASE / REPORT NUMB	ER:DATE OF INCIDENT:
TIME OF INCIDENT: _	LOCATION OF INCIDENT:
INCIDENT TYPE: (Pleas	e check one)
Traffic Collision	C rime Other:
REASON FOR REQUES	Γ:
ADDITIONAL INFORMATI	ON: