



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)

E-mail requests

Cashiers Check or Money Order – NO CASH ACCEPTED

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:

USC DPS Investigations Division

3667 S. McClintock Ave. Los Angeles, CA 90089

Tel: 213-740-1520 Fax: 213-743-1728