

REQUEST FOR VIDEO RECORDING RELEASE FORM

This form must be completed by all individuals who wish to view video recordings that were prepared for surveillance purposes by or on behalf of the Division.

Name: _____ Date: _____

Address: _____

Phone Number: _____

Video Log Number: _____

Reason(s) for Requesting Opportunity to View the Video Recording(s):

Signature of Applicant: _____

This information is being collected in order for the Division to determine whether or not the information can be released to you in accordance with the provision of the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of information, please contact the Secretary-Treasurer for the Division who can be reached at 780-624-3956.

Video Recording Release approved by: _____

Date on Which Video Recording was Taken: _____

Date on Which Video Recording was Returned: _____

Reason(s) for Failure to Return Video Recording(s), if Applicable:
