



Use this form to request to request a review of campus surveillance video footage. If preferred, the form can be printed out, emailed faxed or delivered to Central Lakes College Security Department.

The information you submit will be processed and you will be notified by an email when the video clips are ready to be picked up or viewed. If copy is not picked or viewed within fourteen days, the footage may no longer be available.

Full Name: _____

Address1: _____

Address2: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Email: _____

Date of Request: (mm/dd/yy) _____

Incident Information

Incident Date (mm/dd/yy): _____ Incident Time: _____ AM PM

Incident Location: _____

This section is for the date and time the incident occurred. Be as specific as possible. Incorrect or insufficient information causes extensive research resulting in a significant delay in processing your request.

Time Range to be Viewed/Copied: _____
(This is for the time range you are requesting to be recorded, i.e., 3:00 p.m. till 3:25 p.m.)

Detailed Description of Event / Crime to be Viewed:



This is to be filled in with what crime occurred, i.e., assault, domestic violence, theft complaint.

Additional Information:

This would include make, model and color of vehicle or item lost or stolen. Any identifying information helpful in viewing the incident. List any witnesses and their contact information.

Signature of Requestor

Date of Request