



SECURITY CAMERA VIEWING REQUEST FORM

Requests to review recordings from security cameras that are on the property of the Town of Coaldale must be approved by the Director of Finance. Completion of this form is only an application for request and does not constitute approval to view recordings. You will be notified in writing or email that your request has been either approved or denied.

REQUESTING INDIVIDUAL INFORMATION

Name of Individual Requesting: _____

Email Address of Individual: _____

Department of Individual: _____

Recording Requested Date: _____

Location of Facility to view: _____

Recording Requested Time Frame: _____ AM PM

REASON FOR REQUESTING RECORDING

- ☐ Criminal Activity
- ☐ Employee Code of Conduct Violation
- ☐ Missing Property
- ☐ Other _____

BRIEF DESCRIPTION OF REASON RECORDING IS NEEDED:

By signing this document, I certify that all information provided is true and accurate to the best of my knowledge. Submission of false information could subject me to disciplinary action by the Town of Coaldale management.

Signature of the requesting individual

Date

- ☐ Approved
- ☐ Denied
- ☐ In Process

Director of Corporate Services
Signature

Date