

Video Surveillance Request Form



Requests to access video surveillance records must follow the same procedures as members of the public under Colorado Open Records Act, per System President's Procedures 3-110.

Requestor Information:

Name	
Address-Street	
Address-City /State/Zip	
Telephone No.	

Reason for request:

Describe video requested:

Date	Time	Location

Requestor Signature: _____ **Date** _____

Charges: (To be determined based upon request. Minimum \$5.00. Payment must be made prior to delivery of video.)

Amount Due: \$ _____

Approved by

VP Admin & Finance

Date

For internal use only:

ORG		ACCT	
IT Signature		Date	
Received by	Print: Sign:	Date	