

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.** |  |

R**eason 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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