|  |  |
| --- | --- |
| Department of Public Safety | Thomas Ristoff, Director |

**Request for Video Camera Surveillance Review**

|  |  |
| --- | --- |
| **DATE:** |  |
| **TIME FRAME:** |  |
| **REQUESTOR- NAME / PHONE #:** |  |
| **SCHOOL:** |  |
| **CAMERA LOCATION / AREA:** |  |
| **DETAIL OF PROBLEM:** | PERSON VEHICLE BREAK-IN |

**SECURITY REVIEW DETAILS:**

|  |
| --- |
| **START TIME OF TAPE:** |
| **END TIME OF TAPE:** |
| **DETAILED INFORMATION:** |
|  |
| **PERSON:** M / F WHITE / BLACK / OTHER DESCRIPTION OF WHAT THEY LOOK LIKE |
|  |
|  |
| **VEHICLE:** PARKED WHERE / LOT COLOR MAKE / MODEL DETAIL OF DAMAGES |
|  |
|  |
| **BREAK-IN:** CAMERA LOCATION DOOR ENTRANCE DETAIL OF DAMAGES |
|  |
|  |