

REQUEST FOR CCTV FOOTAGE

Date: _____

Name of Requesting Party: _____
(Please write legibly)

Complete Address: _____

Date of Footage: _____ Inclusive Time of footage: _____

Reason: _____

Complete Name of Security Guard on duty: _____

Signature over printed name of Requesting Party

Approved:

BRIAN A. CAMHIT
Acting Provincial Administrator

PGO/IT



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