



## Video Surveillance Request Form

### GENERAL INFORMATION

First Name:	Last Name:
Requesting Organization ( <i>If Applicable</i> ):	Daytime & Evening Phone:
Address:	Province:
City:	Postal Code:
E-Mail:	

### FOOTAGE INFORMATION

Date:	Time:
Location:	
Reason for Request (i.e., law enforcement, safety investigation, etc.):	

### DISCLOSURE

Applicant's Signature:	Submission Date:
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Forward the completed Video Surveillance Request form to one of the following:

**Mail:** City of Fort Saskatchewan  
Legislative Services Department  
10005 – 102 Street  
Fort Saskatchewan, AB T8L 2C5

**Email:** [legislativeservices@fortsask.ca](mailto:legislativeservices@fortsask.ca)  
**Phone:** 780-992-6200

This personal information is being collected and used under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* for the purposes relating to the collection and use of video surveillance. If you have questions about the collection, contact the FOIP Coordinator for the City of Fort Saskatchewan at 780-992-6200.

### FOR OFFICE USE ONLY

Signature of Receipt:	Date Received:
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