



Video Surveillance Request

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:

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
Fax: 780-992-4774
Phone: 780-992-6255

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.

File: 1715/Video Surveillance

FOR OFFICE USE ONLY	
Signature of Receipt:	Date Received: