

Video Surveillance Request Form			
GENERAL INFORMATION			
First Name:		Last Name:	
Requesting Organization (If Applicable):		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 Sign	ature:		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		egislativeservices@fortsask.ca 80-992-6200
This personal information is being collected and used under the authority of Section 4(c) of the 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 Access to Information Coordinator for the City of Fort Saskatchewan at 780-992-6200			

FOR OFFICE USE ONLY Signature of Receipt: Date Received: