



DHS SECURITY CAMERA VIEWING REQUEST FORM

Requests to review recordings from security cameras that are on the property of Los Angeles County Department of Health Services must be approved per policy guidelines. Completion of this form is only an application for request and does not constitute approval to view recordings. You will be notified if your request has been either approved or denied.

REQUESTING INDIVIDUAL INFORMATION

Name of Individual Requesting:

Address of Individual:

Department:

Email:

Recording Requested Date/ timeframe:

REASON FOR REQUESTING RECORDING:

- Internal Investigation
- Litigation
- Theft
- Criminal
- Other:

BRIEF DESCRIPTION OF REASON RECORDING IS NEEDED:

DOES VIDEO HAVE A CHAIN OF CUSTODY REQUIREMENT? YES NO

By signing this document, I certify that all information provided is true and accurate to the best of my knowledge. Submission of false information could subject me to disciplinary actions.

Signature of Requesting Individual:

Date

APPROVED

COO/Designee Signature:

Date

DENIED

If Denied, list reason: _____

IT Notified Date & Time:

IT Manager Assigned:

Requestor Notified Date & Time:

Viewing Scheduled:



DHS SECURITY CAMERA VIDEO EXTRACTION REQUEST

Name of Individual Requesting:

Requester's Title:

Department:

Date Viewing Request Approved:

Approved Viewing Request Attached: Yes No

Camera Locations and Times

#	Recording Date	Location	Time	AM	PM
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Chain of Custody Required: Yes No

Requester Signature:

Date:

Approved: Yes No

COO/Designee Name:

COO/Designee Signature:

Date:

Number of Video Media Used: _____ of _____

Date of Extraction:

Extraction Completed by:

Extracted Video Received by:

Number of Video Media received: _____ of _____

Date: