



Request for CCTV (Video Surveillance) Installation

Date:

Requesting Faculty/Unit:

Requesting Contact Name, Position Title:

Requesting Contact Phone and Email:

Area/Location description for CCTV:

Number of cameras requested:

FOAPAL number:

Reason for request of CCTV (What are you hoping to accomplish?):

To be completed by Protective Services and Privacy Head

Prior Incident reports (if applicable):

Observations:

Recommended Location and Camera Placement:

Approval/Authorized Signatures and Date:

X

X

Director, Protective Services

Privacy Head