



LAW ENFORCEMENT ACCESS REQUEST FOR RECORDS HELD BY CITY OF SURREY

CONTACT INFORMATION

Agency:	Regimental Number:
Rank:	Work Cell Phone:
First Name:	Work Phone:
Last Name:	Work Email:

INFORMATION ON INCIDENT & REQUESTED RECORDS

Police File #:	Incident Date (MMM-DD-YYYY):	
Facility / Location:	Approx. Time Frame: <i>From:</i> <i>To:</i>	
Address:	Incident Area:	
Summary on Requested CCTV Records:		
Summary on Requested Other Records:		
Type of Records: <input type="checkbox"/> CCTV <input type="checkbox"/> Still Shot <input type="checkbox"/> Others	Preferred Method: <input type="checkbox"/> Examine <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic Transfer	Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent: <input type="checkbox"/> Immediate:

LAW ENFORCEMENT AUTHORIZATION

PURSUANT TO SECTION 33(3)(d) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, I hereby confirm the requested information is required to assist in a specific investigation (i) undertaken with a view to a law enforcement proceeding, or (ii) from which a law enforcement proceeding is likely to result.

Date (MMM-DD-YYYY):	Officer's Name (PRINT):	Officer's Signature:
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Please send the completed form to: SecurityAccess@surrey.ca

Once the footage is ready to be picked-up, it will be kept available for a maximum of 30 days.

**THIS SECTION IS FOR
CITY OF SURREY STAFF USE ONLY**

Received by

Date:	Employee Name:	Sent to Legislative Services for approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Approved by (Legislative Services)

Date:	Employee Name:	Employee Signature:
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Disclosed Records

Date:	Disclosed by:	Police File #:
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Form of delivery: Digital Hard Copy Both

Officer's Name:	Officer's Signatures:
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Please retain a copy of this completed form in a secure location.