**Union Square Business Improvement District**

**Request for Video Retrieval Form**

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| **REQUESTOR PROVIDED INFORMATION** | |
|
| **Requestor Name** |  |
| **Company/Organization** |  |
| **Daytime Phone Number** |  |
| **Date and Time of Video Requested** |  |
| **Location and/or Cameras Requested** |  |
| **CASE/FILE # (if applicable)** |  |
| **Footage Retrieval Method (Flash drive issued, other, etc.)** |  |
| **Print Name** |  |
| **Requestor signature verifying information provided above is correct** |  |
| **USBID STAFF USE ONLY** | |
|
| **Camera(s) Exported (#'s)** |  |
| **Export Start Date/Time ACTUAL** |  |
| **Export End Date/Time ACTUAL** |  |
| **Name of Authorized System User** |  |
| **Video export procedure successful (Y/N)** |  |
| **Time expended on THIS search/export:** |  |
| **Copy of video footage archived** |  |
| **Date** | **Time Submitted** |
|  |  |
| **Date** | **Time USBID Received** |
|  |  |
| **Date** | **Time USBID Completed** |
|  |  |
| **Date** | **Time retrieved from USBID** |
|  |  |
| **Quick Notes:** | |
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