



EMERGENCY SUPPORT SERVICES
 1101 Carmichael Road, Hudson, WI 54016
 Phone: (715) 386-4751 Fax: (715) 386-4720
 Visit us on the web at: www.sccwi.us/sccss

EMERGENCY SUPPORT SERVICES VIDEO REQUEST FORM

Requests for video recordings require proper authorization for release and can result in significant fees being applied. Costs can be reduced by providing specific time and location parameters.

Make check payable to: **St. Croix County Emergency Support Services**
 Mail to: 1101 Carmichael Road, Hudson WI 54016

DATE OF REQUEST: _____ DATE SENT TO REVIEW PANEL: _____

DATE OF INCIDENT: _____

WHAT ARE YOU REQUESTING? CHECK ALL THAT APPLY:

	<u>GOVERNMENT CENTER CAMERA LOCATION</u>	<u>START TIME OF VIDEO</u>	<u>END TIME OF VIDEO</u>
<input type="checkbox"/>	SECOND FLOOR CAMERA FOOTAGE		
<input type="checkbox"/>	FIRST FLOOR CAMERA FOOTAGE		
<input type="checkbox"/>	LOWER LEVEL CAMERA FOOTAGE		
<input type="checkbox"/>	EAST PARKING LOT CAMERA FOOTAGE		
<input type="checkbox"/>	SOUTH PARKING LOT CAMERA FOOTAGE		

HOW MAY WE CONTACT YOU IF THERE ARE QUESTIONS OR WHEN THE INFORMATION IS AVAILABLE?

AGENCY OR DEPARTMENT (IF APPLICABLE): _____

AUTHORIZED BY AGENCY/DEPARTMENT SUPERVISOR: _____

(SIGNATURE)

OFFICE USE ONLY:

RELEASE APPROVED BY REVIEW PANEL:	YES	NO	SIGNATURE/TITLE/DATE
Estimated Time to Produce			Cost Estimate:
Copy Made By:			Requester Contacted::
Copy Delivered:			Amount Collected