C o n f i d e n t i a l

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|  | **Richland County Recreation Commission Public and Employee Safety****Video Request Form** |

This form must be completed and sent to the Public and Employee Safety Department by inter-office mail or by e-mail to *Robert@rcrc.state.sc.us*

Current Date:            Date of Incident:

Individual Submitting Video Request:             Title:

Phone:               E-Mail:

Dept. or Division Name:

Law Enforcement Case Number (Required):

Reason (s) for Need (Limited to incidents accompanied by a police report):

Date:                                To Date:

Time:                                To Time:

Location:

*Director or Manager Signature:* *Date:*

**SAFETY DEPARTMENT VERIFICATION:**

**Date received:** **[ ]  Approved** **[ ]  Denied: Reason:**

**Signature:**  **Date:**