



# RELEASE OF PERSONAL INFORMATION / VIDEO SURVEILLANCE

[The following form should be completed any time that staff receive a request from municipal or provincial police services or other third parties to release or view information gathered through video surveillance conducted by South Chatham Village]

<b>Date:</b>		<b>Name of Staff:</b>	
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<b>SECTION A: Information from individual(s) requesting information</b>			
<b>Name:</b>		<b>Organization:</b>	
<b>Address:</b>			
<b>Telephone:</b>		<b>Email:</b>	

Is this information being requested as part of an on-going police investigation?  Yes  No

If no, why is this information being requested?

Has a warrant or court order been produced authorizing the individual(s) to view or remove the information requested?  Yes  No

**SECTION B: Description of information sought (include information such as date, time, camera number, individual(s) of interest, and a description of the incident)**

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**Will the information removed be returned to the organization or destroyed?**

**Returned**

**Destroyed**

**The information taken will be transported, stored, and, if necessary, destroyed in accordance with all relevant provincial and federal laws governing the use of Personal Information.**

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**Signature**

**Date**

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**Name (*please print*)**