



Republic of the Philippines
GENERAL SERVICES DEPARTMENT
 Elliptical Rd., Diliman, Quezon city



Control No. _____

**CLOSE CIRCUIT TELEVISION (CCTV)
 FOOTAGE REQUEST FORM**

TO BE FILLED OUT BY REQUESTING PARTY

Type of Request (Please check one):

1. () – Copy of the Footage 2. () – Footage Viewing Only 3. () – Captured Picture from CCTV
 (with official written request)

Location of Footage being requested	Date	Time (Duration)	Purpose of the Request

REQUESTING PARTY'S INFORMATION

Sex: Male Female **Other information:** Senior Citizen PWD

Please supply the necessary information and indicate "N/A" for entries with no answers:

<i>For QC Gov't . and/or other Agency Employee</i>		<i>For Transacting Public</i>	
Signature:		Signature:	
Printed Name:		Printed name:	
Date Signed:		Date Signed:	
Dep't./Office		Company:	
Designation:		Designation:	
Contact no.		Home Address:	
E-mail Address		Contact no.	
		E-mail Address	

DO NOT WRITE BELOW THIS LINE. FOR CGSD USE ONLY

	<i>Evaluated by:</i>	<i>Recommending Approval:</i>	<i>Approved by:</i>
Signature:			
Printed name:		JERRICK D. GAYETA	JOEL G. ESCUETA
Designation:	<i>Authorized Representative, BGMD-CGSD</i>	BGMD-ACTING DIVISION CHIEF	Special Operation Officer V Acting Assistant Dept. Head-Operation
Date signed:			

FOR SECURITY AGENCY USE ONLY

REMARKS / RESULT:

	<i>Prepared by:</i>		<i>Reviewed & Approved by:</i>
Signature:			
Printed Name:			
Designation:	CCTV Operator	Guard on Duty	Detachment Commander / Authorized Representative
Date Signed:			
Security Agency			