



Gavin Newsom
Mayor

Department of Emergency Management

1011 Turk Street, San Francisco, CA 94102
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Vicki L. Hennessy
Acting Executive Director

REQUEST FOR COMMUNITY SAFETY CAMERA RECORDINGS

Fax or Deliver to DEM Custodian of Records: 1011 Turk Street, Fax: 415-558-3869

Recordings Requested:

Date of Recordings: _____

Time Frame: _____ AM/PM to _____ AM/PM

Location (see back of form): _____

San Francisco Police Department Requests:

Incident Case Number: _____ CAD Number: _____

Declaration: *I declare under penalty of perjury that I am member of the San Francisco Police Department at the rank of Inspector or higher, and am authorized under San Francisco Administrative Code Chapter 19 to receive community safety camera recordings from the DEM.*

Requested by: _____ Star: _____
PRINT NAME SIGNATURE

Phone: _____ Email: _____ Date: _____

Approved by: _____ Star: _____
PRINT NAME OF OIC/LIEUTENANT SIGNATURE

Approved by: _____ Star: _____
PRINT NAME OF CAPTAIN/DEPUTY CHIEF SIGNATURE

Criminal Defense Requests (Check One): Public Defender Criminal Defense Attorney Court-Appointed Investigator

Note: You must submit a copy of this form to the District Attorney

Defendant Name: _____ Court Number: _____ CAD Number: _____
Last First

Declaration: *I declare under penalty of perjury that I am Deputy Public Defender or other criminal defense attorney, or an investigator appointed by the Court to assist a pro se criminal defendant, and that I am authorized under San Francisco Administrative Code Chapter 19 to receive community safety camera recordings from the DEM. I further declare under penalty of perjury that I am making this request for community safety camera recordings in connection with the investigation or defense of a charged criminal case, and that I will use any recordings provided by DEM only in connection with the charged case.*

Print Name: _____ Signature: _____

Title: _____ Phone: _____

Email: _____ Date: _____

DEM STAFF USE ONLY:

Received at DEM by: _____ Request Number: _____ Date: _____

Acknowledgement sent by: _____ Date: _____

Delivered to D.A. by: _____ Date: _____

Approved for release by: _____ Date: _____

Released to: _____ Date: _____
print name of person picking up the recording signature