creates	**Security Camera Recording Request**	**Form Number / Rev # ANT-00008 R1**

Requestor			
First Name:		Last Name:	
Company:		Phone:	
Email:		Date Submitted:	
Security Camera Recording			
If you are a NY Creates manager, and you believe the request may lead to discipline, who from NY Creates Human Resources did you notify?			
Area(s) of interest? Building, floor, room number, column numbers etc.			
Date Range:	From:	To:	
Time Range:	From: hh : mm	To: hh :mm	
Reason:			
Other or further information:			
I hereby attest that this request complies with the NY Creates Policy for Security Cameras and is for a legitimate business purpose:			
For NY Creates Security use only			
Approving Security Supervisor:			
Security employee reviewing:			
Disposition of video review:			
Other or further information:			

Requests to be emailed to jkosakowski@ny-creates.org and ecommerford@ny-creates.org. If the request is an emergency, contact NY Creates Security at 518-437-8600.