

# ATTACHMENT 2



**UNITED STATES CAPITOL POLICE**  
**REQUEST FOR VIDEO RECORDINGS**

(Please Type or Print Legibly)

TO BE COMPLETED BY REQUESTING EMPLOYEE			
<b>1. TYPE OF RECORDING</b>		<input type="checkbox"/> REVIEW <input type="checkbox"/> CD/DVD <input type="checkbox"/> PHOTO/SHOT	
<b>2. REASON FOR REQUEST</b>		<input type="checkbox"/> COURT <input type="checkbox"/> SUBPOENA <input type="checkbox"/> TRAINING <input type="checkbox"/> OPR <input type="checkbox"/> OGC/OEC <input type="checkbox"/> OTHER (explain) _____	
<b>3. REQUEST DATE</b>		<b>4. DATE NEEDED</b>	
<b>4. TYPE OF EVENT</b>	<b>5. EVENT DATE AND TIME</b>	<b>6. LOCATION OF EVENT</b>	<b>7. CAMERAS</b>
<b>8. VIDEO START DATE</b>		<b>10. VIDEO END DATE</b>	
<b>9. VIDEO START TIME</b>		<b>11. VIDEO END TIME</b>	
<b>12. CFN</b>		<b>13. CCN</b>	
<b>14. NAME AND UNIT OF OFFICER(S) INVOLVED</b>			<b>15. UNIT</b>
<b>16. REQUESTING OFFICIAL</b>			<b>17. UNIT</b>
<b>18. OFFICE PHONE</b>		<b>19. CELL PHONE</b>	
<b>20. DESIGNATED ALTERNATE (PICK-UP)</b>			<b>21. UNIT</b>
<b>22. OFFICE PHONE</b>		<b>23. CELL PHONE</b>	
CHIEF OF OPERATIONS APPROVAL			
<b>24. SIGNATURE</b>	<b>25. PRINTED NAME</b>	<b>26. DATE</b>	
TO BE COMPLETED BY SYSTEM OPERATIONS SECTION (SOS)			
<b>27. SIGNATURE</b>	<b>28. PRINTED NAME</b>		
<b>29. VIDEO REQUEST TRACKING NUMBER</b>	<b>30. DATE COMPLETED</b>		
TO BE COMPLETED BY EMPLOYEE RECEIVING VIDEO			
<b>WARNING: UNAUTHORIZED USE, DUPLICATION OR DISSEMINATION OF INFORMATION CONTAINED ON THIS CD/DVD MAY RESULT IN APPROPRIATE ADVERSE ACTION</b>			
<b>31. EMPLOYEE SIGNATURE</b>	<b>32. EMPLOYEE PRINTED NAME</b>	<b>33. DATE</b>	