

FLYNN

RESTAURANT GROUP



SURVEILLANCE VIDEO REQUEST FORM

To request a copy of surveillance video, please complete and submit the form below. Your request will be reviewed by our Risk Department. You will be contacted within 3 to 5 business days with a response.

Date of Request: ___/___/___

Your Contact Information: Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Email: _____

Telephone No.: _____

Restaurant Brand: Applebees Arbys Taco Bell Panera Pizza Hut Wendys

Restaurant Address: _____

Store Number: _____

(The manager can provide this)

Video Date: ___/___/___

Video

Time: FROM _____ am/pm TO _____ am/pm

Camera location/ name and camera #: _____

Reason for Request: _____

(Please be specific; attach additional

page if more space is needed)

To submit this form:

1. Email a .pdf version of your completed request to: servicedesk@flynnrg.com
2. Change the subject line to 'Above Store Video Request - (insert brand name)'