



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: Applebee's Taco Bell Panera

Restaurant Address:

Video

Date: ___/___/___

Video

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

Camera Location:

Reason for Request:

(please be specific;
attach additional
page if more space is
needed)

To submit this form, you can:

1. Email a .pdf version of your completed request to: achenkus@flynnrg.com
or,
2. Send a hard copy of your request to:

Risk Department: Surveillance Video Request
Flynn Restaurant Group LLC
6200 Oak Tree Blvd., Ste. 250
Independence, Ohio 44131