



## 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 and you will be contacted within 3 to 5 business days with a response.

Date of Request: \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

### Your Contact Information

Name \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

eMail \_\_\_\_\_

Telephone # \_\_\_\_\_

### Restaurant Brand

Applebee's

Arby's

Panera

Pizza Hut

Taco Bell

Wendy's

Restaurant Address \_\_\_\_\_

Video Date \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

Video Time From \_\_\_\_\_ : \_\_\_\_\_ am pm To \_\_\_\_\_ : \_\_\_\_\_ am pm

Camera Location \_\_\_\_\_

Reason for Request \_\_\_\_\_

(Please be specific;  
attach additional  
pages if more space is  
needed)

To submit this form either:

Email a .pdf version of your completed request to [achenkus@flynnrg.com](mailto:achenkus@flynnrg.com)

Send a hard copy of your request to: Risk Department: Surveillance Video Request  
Flynn Restaurant Group LLC  
6200 Oak Tree Boulevard  
Suite 250  
Independence, OH 44131

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