

# 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**             Name: \_\_\_\_\_  
**Information:**

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: achenkus@flynnrg.com and servicedesk@flynnrg.com
2. Change the subject line to 'Third Party Video Request - (insert brand name)'