



SASKATOON POLICE SERVICE

SURVEILLANCE VIDEO AUTHENTICATION FORM

SPS File Number: _____ Date: _____

Information of person and business copying/burning video for the Saskatoon Police Service.

Surname: _____ Given Names: _____ DOB: _____

Address: _____ Phone: _____

Email Address: _____ Position: _____

Business Name: _____ Business Phone: _____

Business Address: _____ Business Fax: _____

Video Information

Date of events shown in the video: _____ Time Range: _____ - _____

Location of video feeds recorded:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Is time stamp on video correct? yes no

If "no" then describe difference between actual time and recorded time. _____

Please provide a brief description of the event this video represents and set out how you identified the time, place and description of suspect, etc. Also provide any document that you used to locate the time and place (e.g. receipt).

Signature to verify that this is an authentic copy of your video records