

MANAGEMENT OFFICE 1925 BRICKELL AVE. MIAMI 33129

BPPII Surveillance Request Form

Name:		Unit #:	
Date & Time of Request:		Phone:	

Date/Time of Incident:	
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Building Location / Floor Level:	
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Incident Description/Estimated Cost of Loss (if known):

IMPORTANT INFORMATION

Please note that Brickell Place Phase II Association, Inc. is only required to produce information by court of law. If it provides surveillance video, it does so voluntarily. Any information provided is without prejudice of the facts or allegations of any case. Any accusations made by one person about another will preclude the Association from providing surveillance video. The Association will not target any person for surveillance unless warranted by the due course of legal proceedings. This policy is intended to protect against retaliation and misconstruction of the facts. Should you feel that you and/or your property are endangered by a particular person or persons, you should proceed by calling law enforcement and/or taking legal action.

By signing below, I affirm that I have read, and agree.

Signature: _____	Date: _____
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Section B to be completed by Office

Footage Found?	YES NO (Circle One)	Date of Search	
Saved?	YES NO (Circle One)	Officer Name	

Brief Description of Surveillance

Evidence used by Police or Court of Law?	YES NO (Circle One)	Is access restricted?	YES NO (Circle One)
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No. of days footage will be kept:		Reviewed by:	
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Date/time info submitted:	
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