

RCBC PLAZA PROPERTY MANAGEMENT OFFICE



SECURITY DEPARTMENT

Requester's Information			Date of request:			
Name:			Designation:			
Company/Organization:			Contact No.:			
Address:			Email Address:			
Details of reque	est					
Reason: (Pleas	se use another sheet if the space provid	ded is not adequ	ate)			
Location of Area	a to View:					
Date of Incident		ime of Incident:				
Type of reque	est:					
Viewing/Playback			Request Copy Image/Picture			
	ed date of viewing:			└ Video Footage		
				erence Document:		
				eference Document #:		
			Date of Issue:			
· · · · · · · · · · · · · · · · · · ·	N	Note: Kindly provide one (1) blank dvd and submit together with this form.				
information concern party's knowledge c	cy will not, as authorized or required by the ing the organization, business, finances, tra during the continuance of this request, and uesting party and will not use or attempt to s business interests.	nsactions or other the requesting po	affairs of RCBC F arty will keep in o	Realty Corp. (RRC, complete secrecy) which may come to the requesting all except confidential information y injure or cause loss either directly	
Waiver/Declaration			Requested by:		Approved by Authorized Signatories: <i>(For Tenants)</i>	
I hereby declare that the information provided in this form are true and a to the best of my knowledge. I also declare that this form, includ information provided herewith, was prepared on my own free will, free voluntarily without any inducement, assurance or guarantee being made					(Name, Signature, & Date)	
	· · ·	filled up by PMC) Personnel)			
Receiving and A	pproval					
	Received by: Lima Delta	Recon	nmended by:	Approved by:		
Name:						
Date & Time:		-				
Signature:						
CARF Ref. #: Extraction/View	l ving Details	1				
Date & Time of Playback/Extraction:			Camera #: DVR #:			
For Request Copy: (To be filled up by IT Personnel)			Extracted		bv:	
CD Refer					~,.	
Name of						
			(Nan		e, Signature, & Date)	
	Assisted/Issued by: (Security	Personnel)	v	iewed/Receiv	ved by: (Requester)	
Name:	Assisted issued by (Security	i cisoinicij			tea by incluester	
Date & Time:						
Signature:						

Distribution: Copy 1- Requester, Copy 2- Security Office, Copy 3 - CCTV Operator, Copy 4 - IT personnel