

**ASU DPS POLICE SERVICES  
SAFETY AND SECURITY SYSTEMS PERMIT**

Location of System: \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_

Purpose of System: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will system be used as an overt or covert operation? \_\_\_\_\_

Name and Type of System: \_\_\_\_\_

Will system be monitored? \_\_\_\_\_

If yes, who will monitor system? \_\_\_\_\_

Will system be recorded? \_\_\_\_\_

If yes, how many hours will recordings be per day? \_\_\_\_\_

How many days will tapes be saved? \_\_\_\_\_

I have read and understood the policy on *ASU Governing Electronic Safety and Security Systems on Main Campus* (DPS 201-06) and will take full responsibility of the camera system described above.

Name (Print): \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

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**ASU DPS POLICE SERVICES DIVISION**

**Approved:** \_\_\_\_\_

**Disapproved:** \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_