Roseville Public Library

Security Camera Policy –

Request for Library Security Camera Footage

"I have read the Roseville Public Library's Security Camera Policy."

Signature _____

- Complete the Request for Roseville Public Library Security Camera Footage
- Complete and attach the Freedom of Information Act Form

Today's Date: _____

Name of Requestor (must be an adult age 18 years or older):

_____

Address of Requestor: _____

Phone Number of Requestor: _____

Email Address of Requestor: _____

Date of camera footage requested. It must be the exact date and must be no more than thirty days from the date of the request. _____

Time of the camera footage requested. (For instance, "3pm-4pm.) _____

Location inside the library or outside of the library building:

__ South parking lot or entrance
__ South lobby
__ North lobby/Corridor
__ Youth Area

__ Adult Area
__ Café
__ Meeting Rooms
__ Macomb Gardens Meeting Room
__ Erin Meeting Room
__ Study Rooms
__ Creation Station Maker Space
__ Checkout Desk
__ Information Desk

Description of the incident or person:
_____

_____

Upon the completion of both of the following:

- Request for Roseville Public Library Security Camera Footage
- Freedom of Information Act (FOIA) Form

Date that both forms were completed and returned to the Roseville Public Library:
_____

Time both forms were returned to the Library: _____

Signature/Title of Library Supervisor or Senior Employee:

_____

Adopted by the Roseville Public Library Commission on September 14, 2026

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