## **Camera Decommission Request**

To remove cameras from the City of Huntington Beach, please complete this form. Your request will be forwarded to the associated department head and PD for notification and approval. Thank you!



## Request

Date

2025-03-26

Requestor Name\*

Tang, Joanna

Job Title (?) \*

js

E-mail



Department (?) \*

CITY ATTORNEY

Reason for Decommission\*

js - change after rejected

## Camera Information

Camera Name*	Camera IP Address*	Camera Location*
js	js	js

## Department Coordinator Information

**Department Coordinator Name\*** 

js

Job Title \*

js

E-mail\*



Department (?) \*

CITY CLERK

**Supplemental Documentation (Optional)** 

approval
Department Head Approval
This section is to be completed by the department responsible for the site of the camera(s).
Department Head Approver
Date
2025-03-26
Action*
O No Action Taken
Approve
○ Reject
Comments:
iugy
Supplemental Documentation
PD Approval
Police Department Approver   hank?
Date
2025-03-26
Action*
○ No Action Taken
Approve
○ Reject
Comments:
rejected
Supplemental Documentation