



**DAKOTA COUNTY**  
TECHNICAL COLLEGE

**Inver Hills**  
Community College

## Camera Appeal Form

Submit this completed form to the Director of Public Safety and Security. The Director of Public Safety and Security, the Director of Facilities, and the VP of Finance and Operations will review the appeal and communicate resolution within 30 days of receipt.

Date: \_\_\_\_\_ Campus: \_\_\_\_\_

Name: \_\_\_\_\_

Camera Location (please include specific information such as building, room, hallway, etc.):

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Reason for appeal:

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Additional comments:

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**Administration only:**

Date of review: \_\_\_\_\_

Name and Title of employee reviewing appeal: \_\_\_\_\_

Approved:  Yes  No

Comments: \_\_\_\_\_

Additional information needed:  Yes  No

If yes, please explain additional information needed:

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