

DATE OF REQUEST: _____

RECEIVED BY: _____

FORM OF REQUEST: PHONE PERSON E-MAIL MAIL FAX

OTHER: _____

NAME OF REQUESTER: _____

BUSINESS NAME (IF APPLICABLE): _____

ADDRESS OF REQUESTER: _____

CONTACT NUMBER(S): (W) _____ (C) _____ (H) _____

(F) _____ (EMAIL) _____

REQUEST COPY OF *BODY CAMERA VIDEO*: (YES) _____ (NO) _____

IF REQUESTING *BODY CAMERA VIDEO*, YOU HEREBY ACKNOWLEDGE AND AGREE TO PAY THE NOMINAL COST ASSOCIATED WITH OBTAINING A COPY OF THE VIDEO(S):

YES, I AGREE:

No, I DO NOT:

REQUEST COPY OF *911 COMMUNICATION LOGS*: (YES) _____ (NO) _____

REQUEST COPY OF *911 AUDIO*: (YES) _____ (NO) _____

IF REQUESTING *911 AUDIO*, YOU HEREBY ACKNOWLEDGE AND AGREE TO PAY THE NOMINAL COST ASSOCIATED WITH OBTAINING A COPY OF THE AUDIO:

YES, I AGREE:

No, I DO NOT:

DESCRIPTION OF RECORDS REQUESTED (OR ATTACH COPY OF REQUEST):

INSPECT (OR) COPY

FOR DEPARTMENT USE ONLY

RESPONSE DUE DATE: _____

SENT TO C/A: _____

DATE RESPONSE MADE: _____