

# Request to View Video from Police Body Worn Camera

**TODAY'S DATE:**

## **PERSON REQUESTING TO VIEW VIDEO:**

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX (Jr., Sr, III) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## **INFORMATION TO LOCATE VIDEO**

FULL NAME OF PERSON IN VIDEO: \_\_\_\_\_

DATE OF INTERACTION WITH OFFICER: \_\_\_\_\_

APPROXIMATE TIME OF INTERACTION: \_\_\_\_\_

LOCATION OF INTERACTION: \_\_\_\_\_

## **DESCRIPTION OF THE ACTIVITY/INTERACTION:**

### **IF YOU ARE NOT IN THE VIDEO, PLEASE CHECK THE BOX THAT REPRESENTS YOUR RELATIONSHIP TO PERSON IN THE VIDEO:**

Personal representative of a minor (below age 18)

Personal representative of an adult person (check one):

who has given consent to disclosure;

lawful guardian of an adult person;

who is incapacitated and unable to provide consent; or

Personal representative of a deceased person who is in the video

**REQUEST FOR DISCLOSURE HAS BEEN:**

Approved

Denied for the following reason(s)

Requester did not provide sufficient information to identify specific recording

Requester not authorized to receive disclosure.

The recording contains information otherwise confidential or exempt from disclosure.

The disclosure would reveal information about a person that is of a highly sensitive personal nature.

The disclosure may harm the reputation or jeopardize the safety of a person.

The disclosure would create a serious threat to the fair, impartial, and orderly administration of justice.

Confidentiality is necessary to protect an active or inactive internal or criminal investigation or potential internal or criminal investigation.

Other

**APPEAL PROCESS:** If GPD has not permitted you to view a video within three business days of the request, or has denied your request to the view the video you may apply to the Superior Court in any county in which any portion of the video was recorded for an order compelling GPD to allow you to view the video, or to release a copy of the video.

**VERIFICATION OF IDENTITY OF REQUESTER**

I, (name/rank) \_\_\_\_\_, have verified the identity of the person who is viewing the video, and confirmed he/she has standing. The verifications was \_\_\_\_\_ . Signature \_\_\_\_\_

**Signature of person providing consent for disclosure:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF DISCLOSURE OF BODY WORN CAMERA VIDEO**

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

I acknowledge that the video of the Body Worn Camera recorded on \_\_\_\_\_ was disclosed to me on the above date and time.

Prior to the disclosure of the video, I agreed that pursuant to City Policy/ North Carolina General Statute 132.1.4A (c) I would not record or copy the recording and I affirm that I did not record or copy the video which I was shown. Signature \_\_\_\_\_

IA# \_\_\_\_\_

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INTERNAL USE ONLY**  
**Please do not complete**