

PUBLIC REQUEST FOR COPY OF BAC ROOM RECORDING

Date of request: _____ Requesting Party: _____

Business Name: _____ Address: _____

Phone: _____

Date of incident: _____ Approximate time of incident: _____ Vehicle number: _____

Case number: _____ Officer(s) Involved: _____

Other vehicle numbers that captured event: _____

Incident type: _____

Reason Video is needed: _____

This DVD will only play in a computer that is DVD compatible. It does NOT play in DVD players.

Number of copies needed: _____

Requesting Party's signature: _____

Approving Supervisor's signature/ PID: _____

Digital Video Administrator's Use Only

Date request received: _____ Time request received: _____

The following video(s) were released:

Date of incident: _____ Vehicle Number: _____ Time: _____

Video number: _____

Date of incident: _____ Vehicle Number: _____ Time: _____

Video number: _____

Date of incident: _____ Vehicle Number: _____ Time: _____

Video number: _____

Person that duplicate was released to: _____

Number of copies released: _____

Date request fulfilled: _____ Time request fulfilled: _____

Amount paid: _____

Receiving Persons Signature: _____

Receiving Persons Printed Name: _____