

STANFORD POLICE DEPARTMENT
Body Worn Camera Request Form

REQUESTOR

NAME: _____
ADDRESS: _____
PHONE # _____
EMAIL : _____
REQUEST TYPE: _____
(OPEN RECORDS, JUDICIAL, ETC.)
RELEASE MEDIA TYPE: ONLINE LINK _____ DVD DISC _____ FLASH DRIVE _____
SIGNATURE: _____ DATE: _____
REQUEST CAN TAKE 7-10 BUSINESS DAYS TO PROCESS

INCIDENT INFORMATION

OFFICER: _____ UNIT # _____
DATE: _____ TIME: _____
CAD # _____ CITATION # _____
CASE # _____
LOCATION: _____
TYPE OF INCIDENT: _____

ADMINISTRATIVE

FOOTAGE LOCATED _____
FOOTAGE NOT LOCATED _____
FOOTAGE UNABLE TO BE RELEASED _____
FOOTAGE IS OF OPEN OR ACTIVE INVESTIGATION AND CAN NOT BE RELEASED _____
FOOTAGE CONTAINS JUVENILE INFORMATION AND CAN NOT BE RELEASED _____
FOOTAGE RELEASED _____
RELEASE MEDIA: ONLINE LINK _____ DVD DISC _____ FLASH DRIVE _____
OTHER: _____
FOOTAGE RELEASED BY: _____ DATE: _____

COMMENTS

ADMINISTRATOR SIGNATURE: _____ DATE: _____

REQUESTOR SIGNATURE: _____ DATE: _____