



## BODY WORN CAMERA FOOTAGE REQUEST

**This application is for Body Worn Camera footage only. The processing fee is \$82.00 per hour. An estimate will be provided, and processing will begin once we have received the required deposit.**

**YOUR INFORMATION:** To be completed in full by the requester

LAST NAME				FIRST NAME	
DATE OF BIRTH YYYY-MM-DD		PHONE		EMAIL (REQUIRED)	
ADDRESS					
CITY/TOWN		PROVINCE		POSTAL CODE	
LAST NAME APPEARING IN RECORDS (LIST ONLY IF DIFFERENT FROM ABOVE)					

### ACCESS TO BODY WORN CAMERA FOOTAGE

**ACCESS TO POLICE OCCURRENCE REPORTS IS LIMITED TO PEOPLE INVOLVED IN THE INCIDENT OR THEIR REPRESENTATIVE WITH CONSENT**

***Please provide the occurrence number. If you do not know the occurrence number, please provide enough detail for us to locate the requested.***

Occurrence Number: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Officer's name(s): \_\_\_\_\_

**Additional Information:**

#### **THIRD PARTY INFORMATION**

***The record(s) you are requesting may contain the personal information of an individual(s) other than yourself. The personal information of a third party (e.g. victim, accused, witness) will not be disclosed to you unless you provide LPS with the written consent of the third party(s).***

Signature:

Date:

#### **FOR POLICE USE ONLY**

Identification Produced:

Employee ID # or initials