

Office of the Chief of Police Forest City Police Department 187 South Church Street P.O. Box 552 Forest City, NC 28043

Office: (828) 245-5555 Fax: (828) 248-5206 www.forestcitypd.com

Request for Disclosure of Law Enforcement Video Recordings North Carolina General Statue 132-1.4A

ICERTIFY THAT I MEET THE CRITERIA OF THE BOX SELECTED $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$
BELOW TO VIEW THE RECORDING(S) REQUESTED HEREIN
CHECK TYPE OF REQUEST
[] <u>DISCLOSURE</u> - Disclosure allows for the recording to be viewed or listened to, by the person requesting disclosure. The <u>Chief of Police</u> can decide on disclosure.
[] RELEASE - Release of the recording in the custody of a law enforcement agency shall only be released pursuant to court order. Only a Superior Court Judge can release a recording.
PLEASE SELECT THE APPROPRIATE CATEGORY BELOW
[] A person whose image or voice is in the recording
[] A personal representative of an adult person whose image or voice is in the recording, if the adult person has consented to the disclosure. Written consent must be included with this request.
[] A personal representative of a minor or of an adult person under lawful guardianship whose image or voice is in the recording.
[] A personal representative of a deceased person whose image or voice is in the recording.
[] A personal representative of an adult person who is incapacitated and unable to provide consent to disclosure.
North Carolina General Statue 132-1.4A states that when disclosing the recording, the law enforcement agency shall disclose only those portions of the recording that are relevant to the person's request. A person who receives disclosure pursuant to this subsection shall not record or copy the recording.

Requestor Information: Name: Contact Numbers: Home: _____Mobile: _____ Work _____ **Personal Representative Information:** Name: Contact Numbers: Home: _____Mobile: _____Work: _____ Email: _____ **Event Information:** Describe in detail the time, location and summary of the incident requested:

Signature of Requesting Party: ______ Date _____