CONCORD POLICE DEPARTMENT
41 Cabarrus Avenue West
Concord, NC 28025
Front Desk - 704-920-5000

REQUEST FOR VIDEO RECORDINGS PURSUANT TO NCGS 132-1.4A

Requester Name and Signature:	
Date of Birth:	Home Phone:
Home Address:	Cell Phone:
Date, Approximate Time, Location of recorded activity requested:	

Check type of request:

☐ **DISCLOSURE** - Disclosure allows for the recording to be viewed or listened to, by the person requesting disclosure. The **Chief of Police** 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.

The Chief of Police may only disclose a recording to the following. Choose which applies:

☐ 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 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.

Per NCGS 132-1.4A 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.

Below describe request in detail (use back of page/additional paper if necessary):

Received Date/Time/By:_____