Body Worn Camera Footage Request

Requestor

Name (Surname, Given Name, Middle Name) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss Date of Birth (YYYY-MM-DD)

Address (Unit # - Street #, Street Name, City, Postal Code)

Phone Number - Day Phone Number - Evening Email

Signature Date (YYYY-MM-DD)

Upon review of this request, you will receive an invoice with total cost to process your request. Once payment is received, your request will be processed.

FOR POLICE USE ONLY

Identification Produced 1) Date of Birth (YYYY-MM-DD)

2)

Initials and Badge #:

Date Received (YYYY-MM-DD) Request # Comments

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE INFORMATION AND PRIVACY UNIT.