

WARRICK COUNTY SHERIFF'S OFFICE

Request For Access to **LAW ENFORCEMENT RECORDINGS** (Body Camera and Vehicle Camera)
Pursuant to Indiana Access To Public Records Act (Ind .Code 5-14-3-1, *et seq.*, as amended)

SEPARATE FORM REQUIRED FOR EACH LAW ENFORCEMENT RECORDING REQUESTED

Date of Request: _____ Time of Request: _____

Name of person requesting information: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Organization: _____

For purposes of determining whether you are making this request as a "Requestor" under Ind. Code 5-14-3-5.1, please check all that apply:

- I am an individual depicted in the law enforcement recording
- I am the surviving spouse or an immediate family member of a person depicted in the law enforcement recording who is now deceased.

Name of deceased person: _____

- I am the personal representative or attorney for the estate of a person depicted in the law enforcement recording who is now deceased.

Name of deceased person: _____

- I am the legal guardian, attorney, or attorney-in-fact (under Power of Attorney) of a person depicted in the law enforcement recording who is an "incapacitated person" under Ind. Code 29-3-1-7.5.

Name of incapacitated person: _____

- With regard to real estate the interior of which is depicted in the law enforcement recording, I am:
 - An Owner
 - A Tenant, lessee or occupant at the time of the recording

Address of real estate: _____

- I am a victim of a crime, and events relevant to that crime are depicted in the recording.
- I am a person who has suffered a loss due to personal injury or property damage, and the recording depicts events relevant to my loss.
- None of the above descriptions apply to me.

Please identify the Law Enforcement Recording. *All items marked with an asterisk (*) are required.*

* DATE of Law Enforcement Activity depicted in the recording: _____

* Approximate TIME of Law Enforcement Activity depicted in the recording: _____

* Specific LOCATION where the Law Enforcement Activity occurred: _____

* NAME of at least one (1) individual, other than a law enforcement officer, who was directly involved in the Law Enforcement Activity depicted in the recording: _____

Other information that will help us identify and locate the requested recording: _____

Mode of Access:

- I wish to VIEW the recording using the agency's equipment
- I wish to obtain a COPY of the recording

Initial Response: I understand that the Access to Public Records Act requires an initial response to my request within a specified time period, but does not require the agency to provide the copies or access to view the recording within a specified time period, and that the copy or access will be provided within a reasonable period of lime after the initial response to my request.

Denial of Request: I understand that if my request is denied, the Warrick County Sheriff's Office will respond in writing and state the statutory exception authorizing the withholding of all or part of the public record and the name and title or position of the person responsible for the denial.

Warrick County may provide me with its response to this request:

By MAIL at _____

By FAX at _____ By EMAIL at _____

Other _____

Records that do not exist: I understand that an agency is not required to create any record(s) in response to a request. An agency is only required to disclose records that exist at the time the request is made.

Charges: The charge for copies of Law Enforcement Recordings is up to One Hundred Fifty and 00/100 Dollars (\$150.00) per recording.

Other charges may apply to cover direct costs of reproducing records using other media, and for viewing records access pursuant to Ind. Code 5-14-3-3.6 or 5-14-3-5.1.

A fee will be charged for the certification of records and for the facsimile transmission of records.

Postage will be charged for mailing the requested records to you. To avoid postage charges, you may pick up documents in person or send a self-addressed, stamped envelope.

All charges must be paid to the Warrick County Sheriff's Office before the requested records will be provided.

Signature of Person Making Request _____