

# INTERNATIONAL FALLS POLICE DEPARTMENT

## BODY WORN CAMERA REQUEST FORM

### REQUESTOR INFORMATION

Request Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- I am:  A subject in the video (complete Consent to Release Private Data portion below)  
 A non-subject requesting public video of a peace officer involved in a firearm discharge or use of force resulting in substantial bodily harm  
 Other: \_\_\_\_\_

### INCIDENT INFORMATION

IFPD Case/Incident Number (if known): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

- I would like to:  inspect (look at) the requested data at the International Falls Police Department (no charge)  
 receive copies of the requested data (a fee may apply)

### CONSENT TO RELEASE PRIVATE DATA

If you are a subject in the BWC video, the following must be completed including either notarization or presenting a government issued ID in person.

I authorize International Falls Police Department (IFPD) to share the information requested above with (include email or address of recipient) \_\_\_\_\_

I understand that:

1. I do not have to allow IFPD to share my information. Signing this consent is completely voluntary.
2. IFPD will not be able to control what happens to my information once it has been released to the above person or agency.
3. This release is valid when I sign it and that I may withdraw my consent to this release at any time in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ )SS

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Send completed form to **International Falls Police Dept., 900 5<sup>th</sup> St., Ste 305, Int'l Falls, MN 56649**

**For Office Use Only.** Valid Photo ID Type: \_\_\_\_\_ Staff Initials: \_\_\_\_\_