



REQUEST FOR OFFICER- WORN CAMERA VIDEO

IRVING POLICE DEPARTMENT

Date Request Submitted _____

Name

Street Address

City

State

Zip Code

()
Telephone Number

()
Fax Number

E-Mail Address

Preferred method of receipt:

_____ Mail _____ Pick-up _____ E-Mail (When possible)

Texas Occupations Code Section 1701.661 requires that you provide all the following information. Failure to provide ANY of the following will result in denial of your request.

Under the Texas Public Information Act some information may be confidential or need to be withheld from release. Do you agree to the redaction of qualifying information under the Texas Public Information Act?

___ YES ___ NO

Report/Sequence#(if available) _____

Date AND approximate time of the recording: _____

Specific location where the recording was made: _____

Name of one or more persons known to be a subject of therecording: _____

NOTE: We are prohibited from releasing a recording made in a private space or of conduct related to fine-only misdemeanors not resulting in arrest (e.g. traffic stop or citation) without written authorization from the subject of the recording. [Tex. Occ. Code 1701.661(f)]

COST: Pursuant to 1 TAC Section 70.13, the charge for obtaining a copy of a body worn camera recording shall be:

\$10.00 per recording responsive to the request for information; and

\$1.00 per full minute of body worn camera video or audio footage responsive to the request for information.

Signature of Requestor

Records Clerk