

**CITY OF EVANSVILLE, INDIANA**

Request For Access to **LAW ENFORCEMENT RECORDINGS** (Body Camera and Vehicle Camera)  
Pursuant to Indiana Access To Public Records Act (I.C. 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 IC 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 IC 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 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: \_\_\_\_\_

[CONTINUED ON FOLLOWING PAGE]

**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; the copy or access will be provided within a reasonable period of time after the initial response to my request.

**Denial of Request:** I understand that if the request is denied, the City of Evansville 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.

The City 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 \$150 per recording.

Other charges may apply to cover direct costs of reproducing records using other media, and for viewing records access pursuant to IC 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 Evansville Police Department before the requested records will be provided.**

Signature of Person Making Request \_\_\_\_\_