

# METRO TRANSIT POLICE DEPARTMENT



## BODY WORN CAMERA VIDEO REQUEST FORM

Minn. Stat. § 13.825

### REQUESTOR INFORMATION

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

Name: \_\_\_\_\_ Agency/Employer: \_\_\_\_\_

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

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

### INCIDENT INFORMATION

Case/Event Number (if known): \_\_\_\_\_ Date of Incident: \_\_\_\_\_

If Number Unknown, Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

I am requesting body worn camera (BWC) video of the following person in this incident: \_\_\_\_\_

Please choose one of the following:

- I am the subject in the video and I have provided consent below.
- I am requesting video of another person and that person has provided consent below.
- I am a non-subject requesting public video of a peace officer involved in a firearm discharge or use of force resulting in substantial bodily harm (do not complete consent below).
- Other: \_\_\_\_\_

I would like to:  inspect (look at) the requested video at a MTPD office.

receive a link to download a copy of the requested BWC video.

### CONSENT TO RELEASE PRIVATE DATA

This portion to be completed by the **person appearing in the video**.

Signature must be notarized or this form presented with valid, government issued ID.

I, \_\_\_\_\_, authorize MTPD to share the above BWC video of me with the Requestor.  
(print name)

I understand that:

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

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

STATE OF \_\_\_\_\_ )  
  )ss  
COUNTY OF \_\_\_\_\_ )

Signed and sworn before me on \_\_\_\_\_, by \_\_\_\_\_.  
(date) (person giving consent)

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

Submit completed form to: [MTPDbwcVIDEO@transitpd.org](mailto:MTPDbwcVIDEO@transitpd.org) or 560 6th Ave N, Minneapolis, MN 55411

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