



WESTMINSTER POLICE DEPARTMENT BODY-WORN CAMERA FOOTAGE REQUEST FORM

PLEASE NOTE:

With the information provided, the Body-Worn Camera Coordinator will review the request and search for the video(s) that correspond to the described incident.

The Body-Worn Camera Coordinator makes independent decisions on a case-by-case basis as to the release of all body-worn camera footage requested. Every request is governed by the Maryland Public Information Act (MPIA), Annotated Code of Maryland, General Provisions Article, § 4-101, et seq.

Your request for records is an agreement to pay the reasonable costs of producing the records.

Please return completed forms to WPDMPPIA@westminstermd.gov or by mail to 36 Locust St. Westminster, MD 21157.

All fields below must be completed. Incomplete information may result in the return of your form.

Date:

Requestor:

Address:

Phone Number:

Email Address:

Police Report Number:

Officer Name/Number:

Incident Date:

Incident Time:

Incident Location:

Summary of Incident:

Please indicate if you are the subject of the video, a guardian or legal representative of an involved party, or if you are not a person of interest for this incident: