



**CRAIG ENEVOLDSEN**  
**POLICE CHIEF**

**BROOKLYN PARK POLICE DEPARTMENT  
 Body Camera Video Request Form**

*Minnesota State Statute 13.825 Portable Recording Systems states that most data collected by a portable recording system are private data on individuals or nonpublic data. By submitting this form, you are attesting that you are a data subject in this body worn camera recording as such is defined in Minnesota State Statute 13.825, subd. 4(a).*

<b>Request Date:</b>		<b>BPPD Case #:</b>	
<b>Completed Date:</b>		<b>Officer (s) Names / Badge #(s)</b>	

<b>Date video was recorded:</b>		<b>Address/Location of Video Recording:</b>	
<b>Please check all appropriate boxes:</b>	<input type="checkbox"/> Arrest made <input type="checkbox"/> Incident without arrest <input type="checkbox"/> Car Accident <input type="checkbox"/> Other: _____		
<b>Signature of subject involved in Video:</b>			
<b>Printed name of the person requesting video:</b>	Name: _____ (Not required if requesting public video)		
I am a: <input type="checkbox"/> Subject involved in the video <input type="checkbox"/> Representative of a subject involved in video as authorized by (print name): _____ <input type="checkbox"/> Subject requesting the release of my image, my voice and my actions to be made public per MN Statute 13.825 <input type="checkbox"/> Non-subject requesting public video of peace officer involved in a firearm discharge or use of force resulting in substantial bodily harm per MN Statute 13.825 <input type="checkbox"/> Member of a law enforcement agency, government entity or a federal agency authorized to receive this video			
<b>Your address:</b>			
<b>Contact Phone Number:</b>		<b>Email address:</b>	

**OFFICE USE ONLY:**

<b>Staff Verified Valid Photo Identification:</b>	<b>ID TYPE:</b>		<b>Staff Initials</b>	
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