## CITY OF BRENHAM BODY CAMERA VIDEO REQUEST

	Date:		
Requestor Identification (Please type or print neatly):			
Name:			
Mailing Address: City		State	Zip
			Ĩ
Phone Number(s): ()	(	_)	
The following information is <u>required</u> for the City to release Code, Section 1701.661. Request forms without all the requ this information does not guarantee that such footage will b information.	ired informati	on will not be pro	cessed. Provision of
Date and Approximate Time of Recording			
Specific Location where recording occurred			
Name of one or more civilians who are subjects of the recording:			
The Fee for Bodycam footage is \$10 per video plus \$1 per full mit The City must have written authorization from the person(s) was recorded in a private place; or (b) involves investigation of Check the box to indicate your choice: I want to come by City Hall and pick it up I want a copy mailed to the address above I want my video on one or more DVDs (\$1 per DV I want my video on a 16G USB (Actual Cost)	who is/are the of conduct of a Reques D)	subject of the video fine only offense. tor Signature	
FOR CITY OF BRENH			
		ORR No. Assigned	
Footage located: Current Investigation:			
Released By: Mail Email In Person Date Released:   Fee Paid:  AG Opinion requested:		Released By:	

Please send the completed form to: City of Brenham, P.O. Box 1059, Brenham, Texas 77834-1059, Attn: Jeana Bellinger; Phone: 979-337-7567; Fax: 979-337-7568; E-mail: jbellinger@cityofbrenham.org