

Gibsonville Police Department

129 West Main Street • Gibsonville, NC 27249 • (336) 449-7926



Request to View Video from Police Body Worn Camera

TODAY'S DATE: _____

PERSON REQUESTING TO VIEW VIDEO:

FIRST NAME: _____ MIDDLE INITIAL _____ LAST NAME: _____

SUFFIX (Jr., Sr, III) _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

INFORMATION TO LOCATE VIDEO:

FULL NAME OF PERSON IN VIDEO: _____

DATE OF INTERACTION WITH OFFICER: _____

APPROXIMATE TIME OF INTERACTION: _____

LOCATION OF INTERACTION: _____

DESCRIPTION OF THE ACTIVITY/INTERACTION:

IF YOU ARE NOT IN THE VIDEO, PLEASE CHECK THE BOX THAT REPRESENTS YOUR RELATIONSHIP TO PERSON IN THE VIDEO:

- Personal representative of a minor (below age 18)
- Personal representative of an adult person (check one):
 - who has given consent to disclosure;
 - lawful guardian of an adult person;
 - who is incapacitated and unable to provide consent; or
- Personal representative of a deceased person who is in the video