



City of Maplewood Police Department

Body Worn Camera Video Request



Minnesota State Statute 13.825 (Portable Recording Systems) states that most data collected by a portable recording system (body worn cameras) are private data on individuals or nonpublic data. Portable recording system data regarding an active criminal investigation is considered confidential.

NOTE: Your application will be deemed complete when all information is filled in and all fees have been paid.

Request Date:	
Maplewood PD Report Number:	
Address/Location of the Video Recording:	
Date of Incident:	
<p><i>Please remember that when requesting BWC footage, the BWC footage will be redacted to ONLY the interactions of the data subject and law enforcement. EVERYONE else in the BWC footage will be redacted, both image and audio, unless they are law enforcement or they have given their consent via notarized letter.</i></p> <p>Please choose all that apply:</p> <p>I am a :</p> <p><input type="checkbox"/> Subject involved in the BWC video whose image or voice is captured in the video. (Must provide a copy of the you ID).</p> <p><input type="checkbox"/> Parent/guardian of a juvenile in the BWC video whose image or voice is captured in the video. (Must provide a copy of their ID)</p> <p><input type="checkbox"/> Subject involved in the BWC video whose image or voice is captured in the video that is giving permission to a legal representative to obtain the video on my behalf:</p> <p style="margin-left: 20px;">Name of Representative: _____</p> <p style="margin-left: 20px;">(must provide a signed and notarized authorization from the data subject and a copy of the subject's ID)</p> <p><input type="checkbox"/> Subject involved in the BWC video whose image or voice is captured in the video and am requesting the release of my image, my voice and my actions to be made public to all who request the stated BWC video per MN Statute 13.825, Subd. 2, (a) (2) (Must provide a copy of your ID).</p> <p><input type="checkbox"/> Non data subject requesting the public video of a peace officer involved in a firearm discharge or use of force resulting in substantial bodily harm per MN statute 13.825, Subd 2, (a) (1)</p>	

Your Full Name:	
Your Street Address:	
Your Phone Number:	
Your Email Address:	
Video will be:	<input type="checkbox"/> Emailed <input type="checkbox"/> Picked up at the Police Department <input type="checkbox"/> Mailed

In making this request, I attest to my identity, and I understand that the information will be released only in accordance with the Minnesota Data Practices Act.

Signature: _____ Date: _____

OFFICE USE ONLY

Staff Verified Valid Photo ID: Driver's License State ID Passport Military ID Other

Release of data: Approved Denied (reason): _____