

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
BODY-WORN CAMERA VIDEO
PUBLIC RECORDS REQUEST
Pursuant to NRS 239

*This form is **ONLY** to be used to request body-worn camera video that is in the legal custody or control of the Las Vegas Metropolitan Police Department.*

INSTRUCTIONS:

REQUESTS CAN BE MADE IN WRITING, IN PERSON, VIA EMAIL, OR TELEPHONICALLY. ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED REGARDLESS OF THE METHOD OF REQUEST. INCOMPLETE REQUESTS WILL NOT BE HONORED. ALL FORMS MUST BE SIGNED** BEFORE THE REQUEST WILL BE PROCESSED. **ONLY VIDEOS THAT ARE CLEARLY DEFINED AS PUBLIC RECORDS WILL BE RELEASED.** YOU WILL BE CONTACTED WITHIN FIVE (5) BUSINESS DAYS TO ACKNOWLEDGE RECEIPT OF YOUR REQUEST AND TO ARRANGE AN INSPECTION APPOINTMENT. **YOU WILL BE CONTACTED IN WRITING IF THE REQUESTED VIDEO CANNOT BE LOCATED, NO LONGER EXISTS, OR IS NOT A PUBLIC RECORD.**

IN WRITING: TYPE OR USE BLACK INK ONLY. YOU MAY:
1. FAX TO (702) 828-0257; OR
2. MAIL TO:
BWC DISSEMINATION MANAGER
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
BUILDING "B", 3RD FLOOR
400 S. MARTIN LUTHER KING BLVD.
LAS VEGAS, NEVADA 89106

VIA EMAIL: AFTER COMPLETING THE INTERACTIVE FORM ON YOUR COMPUTER, SAVE IT FOR YOUR RECORDS AND ADDRESS AN EMAIL TO BWCRECORDSREQUEST@LVMPD.COM WITH YOUR COMPLETED FORM AS AN ATTACHMENT.

IN PERSON: BRING THE COMPLETED FORM TO LVMPD HEADQUARTERS
RECEPTION DESK, BUILDING B
400 S. MARTIN LUTHER KING BLVD.
LAS VEGAS, NEVADA 89106

BY PHONE: (702) 828-8947 NOTE: TELEPHONIC REQUESTS MUST BE FOLLOWED BY VERIFICATION OF SUBMITTED INFORMATION AND A SIGNATURE, IN PERSON, AT THE ADDRESS SHOWN ABOVE BEFORE PROCESSING.

REQUESTOR INFORMATION (Information with an asterisk (*) is required.)

Your Name:* <i>Mr.</i> <i>Mrs.</i> <i>Ms.</i> <i>Other</i> _____	Your Phone Number:*	Your Fax Number:	
Email Address:	Business Name:		
Your Mailing Address:* <i>(Number and Street)</i>	City*	State:*	Zip Code:*

BWC VIDEO REQUESTED

Identify the video you are requesting. Please be as specific as possible (i.e., event number, date, time, location, officer's name or badge number, etc.) to assist staff in locating the video. Define the content and narrow the scope as much as possible since videos can be lengthy. The Dissemination Manager may have to contact you for clarification or additional information.

By signing below, I certify that the information above is true and correct to the best of my knowledge. I understand that I must inspect the video at LVMPD Headquarters for verification prior to a copy being made (if a copy is desired). I also understand that there is a fee for redacting and copying the video and that its release is contingent upon full payment. By Nevada law, some videos may not be a public record.

Date: _____

X

Requester Signature Required.

(If submitting this form via email, the Requester's typed name on the line above will serve as a valid signature.)

LVMPD STAFF USE ONLY

Assigned To	Receipt of Request (Date)	Acknowledgement or Follow-up Contact (Date)
Inspection Appointment (Date: _____)		Cost Estimate (Amount) _____
Request Status <i>(Check one)</i> Authorization to Proceed Request Withdrawn Record Confidential by Law	Customer Signature _____	
Payment Received (Amount) _____	Receipt Number _____	

DESCRIPTION OF RELEASED VIDEO

NOTES

Date Request Closed: _____ By: _____
Name and P#

Reviewed By: _____
Name and P#