



MTPD Body Worn Camera Video Public Request Form

By submitting this form, you are attesting that you are an authorized party as defined in Minnesota Statutes Section 13.825 to receive a copy of a Metro Transit Police Department Body Worn Camera recording. Knowingly providing information that is false in any material respect in order to gain access to not public data is a violation of the Minnesota Data Practices Act. Penalties for willful violation may apply under Minnesota Statutes Section 13.09.

Request Date: _____ **MTPD Case Number** (if known): _____

Video Will Be: Picked Up Mailed

NOTE:

Regardless of how this form is submitted, **unless the data is public, the form must be signed and notarized**, and you must provide a copy of valid photo identification.

If you wish to withdrawal your request of BWC data. Please re-submit this form and refer to the consent to release data in writing.

Officer(s) Name(s): _____

Please Check All Appropriate Boxes:

Arrest made: Yes No

Crash/accident involving a (check one)

Vehicle

Bus

LRT

Train

Other: _____

Badge Number(s): _____

Date: (use format DD/MM/YYYY) _____

Printed Name of Subject(s) Involved in Video: _____

Time Video Was Recorded:
(use format 00:00 AM/PM) _____

Address/Location of Video Recording: _____

MTPD Body Worn Camera Video Public Request Form (continued)

I am:

The subject involved in the video.

Video subject requesting my image, my voice and my actions to be made accessible to the public. **(Fill out consent to release private data below)**

Non-subject requesting public video of peace officer involved in a firearm discharge or use of force resulting in substantial bodily harm.

Last Name: _____

First Name: _____

Middle Name: _____

Date Of Birth (use format mm/day/yyyy): _____

Your Address: _____

Email: _____

Type of photo identification provided (scanned in color if submitting electronically):

State Driver's License or ID Passport Other: _____

Name of Parent/Guardian requesting data for juvenile:

Parents or Guardians must provide supporting documentation as outlined in the FAQ Website:
MTPDbwcVIDEO@transitpd.org

Signature

Date

Printed Name

Notarization Required

Subscribed and sworn to before me this ____ day of _____, 20____.

If you are a video subject requesting your image, your voice and your actions to be made accessible to the public fill out the consent below.



Consent to Release Private Data

I understand that data about me may be private data under the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) and that the MTPD has an obligation to keep private data about me private and only release private data as required or allowed by law. I also understand that I can choose to allow private data about me to be shared with others.

I, _____, authorize the MTPD to share the following specific information related to case number _____.

Who I want to have my Information: _____

I understand: (Please check the following)

That I do not have to allow the MTPD to share my information. Signing this consent is completely voluntary.

That the MTPD will not be able to control what happens to my information once it has been released to the above person or agency.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time in writing.

Signature

Date

Printed Name

Notarization Required

Subscribed and sworn to before me this ____ day of _____, 20____.



MTPD STAFF USE ONLY:

VERIFIED VALID PHOTO IDENTIFICATION AND NOTORIZATION

ID Type: _____

An adult A juvenile

THE STATUS OF THE REQUESTED VIDEO INVOLVED IN THIS CASE IS:

Active

Closed and not subject to an appeal as determined by (check all that apply):

FBR INVESTIGATOR PROSECUTOR MNCIS APPEALS COURT

Video active / to agency: _____

NO VIDEO WAS FOUND TO EXIST (INCLUDE REASON):

TOTAL NUMBER OF MINUTES SPENT PROCESSING THIS REQUEST:

TOTAL NUMBER OF RESPONSIVE VIDEOS FOUND:

EVENT AND/OR CASE NUMBER(S):

REDACTIONS MADE PURSUANT TO MINN. STAT. § (check all that apply):

13.43

13.825 _____

Other Stat. § _____

Staff Initials: _____