



Request Completed

Date: _____

BY: _____

Body Worn Camera/Cruiser Video Request

Form and deposit are required with each request

REQUESTER INFORMATION

Requester Name	Date of Request
Requester Address	
Requester Phone	Requester Email
If you wish to remain anonymous, you must list a method of contact	

TYPE OF VIDEO REQUESTED

Body Worn Camera	Cruiser Dash Cam	Both	Other (explain)
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INCIDENT DETAILS

Incident Date and Time	Incident/Report Number(if known)
Person Involved in Incident (Were you a party to the incident? If not, name of person involved.)	
Incident Location (Street address or description of location)	
Nature of Incident (Briefly describe what happened)	

FEES

There is a fee associated with the request of \$75.00 / hour per video, with a max amount of \$750.00 per request. **Please submit completed form with your deposit. Make checks payable to the City of Tipp City.**

Video Length	Hours	Cost	Deposit Paid	Amount Due
PAID (<input type="checkbox"/>) Cash (<input type="checkbox"/>) Money Order (<input type="checkbox"/>) Check (<input type="checkbox"/>) #				

SIGNATURE

By signing, I agree to the fee(s) associated with this request and understand the fees outlined above:

Signature:

Date:

Tipp City Police Department

Gregory T. Adkins, CLEE

Chief of Police

260 S. Garber Drive • Tipp City, Ohio 45371

(937) 667-3112 • (937) 667-7529 Fax

www.tippcityohio.gov