



HARKER HEIGHTS POLICE DEPARTMENT

BODY CAMERA VIDEO REQUEST

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

E-mail Address: _____

The following information is required for the city to release any body camera footage under Texas Occupations Code, Section 1701.661. Provision of this information does not guarantee that such footage will be released as some footage may contain confidential information.

Case Number (If applicable): _____

Date & approximate time of recording: _____

Specific location where recording occurred: _____

Name of one or more persons who are subjects of the recording: _____

*The city must have written authorization from the person who is the subject of the video footage if:
(a) video was recorded in a private place: or (b) involves investigation of conduct of a fine only offense.*

\$10.00 per recording responsive to the request for information; and
\$1.00 per full minute of body worn camera video or audio footage responsive to the request; and
\$3.00 per DVD

Office Use Only:

Received By: _____ Reviewed for Confidential Info: _____

Date Received: _____ AG Opinion Requested: _____

Footage Located: _____ Fee Paid: _____

Current Investigation: _____ Released: _____