



LOCKHART POLICE DEPARTMENT

214 Bufkin Lane Lockhart, Texas 78644-4006

512/398-4401 FAX 512/398-3393

REQUEST FOR BODY CAMERA VIDEO

Date: _____

Name of Requestor: _____

Address: _____

Phone: _____ Email: _____

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

(required)

Date and Approximate Time of Recording: _____

(required)

Specific Location where recording occurred: _____

(required)

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

****Written authorization must be provided from the person who is the subject of the video recordings if: (a) video was recorded in a private place; or (b) involves investigation of conduct of a fine only offense.**

**The charge for obtaining a copy of a body worn camera recording shall be:
\$10.00 per recording + \$1.00 per minute**

I certify that I have read and understand the above information.

Signature