



Request for Disclosure of Law Enforcement Video Recordings
North Carolina General Statute Section 132-1.4A. Law Enforcement Agency Recordings

Video recordings in the custody of a law enforcement agency may be disclosed only to the persons listed in this form upon written request with sufficient information to identify the recording.

I _____ CERTIFY THAT I MEET THE CRITERIA OF THE BOX SELECTED BELOW TO
VIEW THE RECORDING(S) REQUESTED HEREIN _____

PRINT NAME

SIGNATURE

PLEASE SELECT THE APPROPRIATE CATEGORY BELOW

- 1. [] A person whose image or voice is in the recording.
2. [] A personal representative of an adult person whose image or voice is in the recording, if the adult person has consented to the disclosure.
3. [] A personal representative of a minor or of an adult person under lawful guardianship whose image or voice is in the recording.
4. [] A personal representative of a deceased person whose image or voice is in the recording.
5. [] A personal representative of an adult person who is incapacitated and unable to provide consent to disclosure.

Requestor Information:

- Name: _____
Address: _____
Contact Numbers: Home: _____ Mobile: _____ Work: _____
Email: _____

Personal Representative Information:

- Name: _____
Address: _____
Contact Numbers: Home: _____ Mobile: _____ Work: _____
Email: _____

Event Information:

- Date: __/__/__ Time From: ___ am / ___ pm Time To: ___ am / ___ pm
Complaint (Report) Number _____
Incident Address _____
Name(s) of Officer(s) Involved : _____
Summary of Incident : _____

Once you have completed the form in its entirety, you may drop it and all required verification documents at the Gastonia Police Department at 200 E. Long Ave. You may also email the form and documentation to VideoDisclosure@cityofgastonia.com or you may mail the form and documentation by USPS to

Gastonia Police Department
Attn: Video Disclosure
PO Box 1748
Gastonia, NC 28053

If you have any questions regarding the form, the process or your qualifications to watch a video please email those questions to VideoDisclosure@cityofgastonia.com or contact the Gastonia Police Department by calling 704-836-0083 or 704-866-6973.

BY SIGNING BELOW I _____ CERTIFY THAT I CONSENT TO MY ATTORNEY TO VIEW

PRINT NAME

A RECORDING(S) THAT MY IMAGE OR VOICE IS RECORDED IN _____

SIGNATURE

North Carolina, _____ County

I, _____, a Notary Public for _____ County, North Carolina, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the ____ day of _____, 20____.

Notary Public

My commission expires _____