

**CITY OF BRENHAM
BODY CAMERA VIDEO REQUEST**

Date: _____

Requestor Identification (Please type or print neatly):

Name: _____

Mailing Address: _____
City State Zip

Phone Number(s): (_____) _____ (_____) _____

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.

Date and 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.

Check the box to indicate your choice:

- I want to come by City Hall and pick it up
- I want a copy of the information sent to me via:
 - Regular mail to the address shown above;
 - Emailed (if possible) to _____

Requestor Signature

FOR CITY OF BRENHAM USE ONLY

Received By: Mail Fax Email In Person Date Received: _____ ORR No. Assigned: _____

Footage located: _____ Current Investigation: _____ Reviewed for Confidential Information: _____

Released By: Mail Email In Person Date Released: _____ Released By: _____

Fee Paid: _____ AG Opinion requested: _____ Special Notes: _____

*Please send the completed form to: City of Brenham, P.O. Box 1059, Brenham, Texas 77834-1059,
Attn: Rebecca Ruffino; Phone: 979-337-7564; Fax: 979-337-7568; E-mail: rruffino@cityofbrenham.org*