



POLICE DEPARTMENT
Town of Chapel Hill
828 Martin Luther King Jr. Blvd.
Chapel Hill, NC 27514-2600

phone (919) 968-2760 fax (919) 968-2846
www.townofchapelhill.org

Recording Disclosure Request

Requestor's Name: _____ Driver's License/ID #: _____

Email Address: _____ Phone #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Person Depicted in Recording: Self Other

If you selected "Other," choose relationship below:

A representative of an adult person depicted in the recording (must have adult's consent)

A representative of minor or adult with legal guardianship of person depicted in recording

A representative of a deceased person whose image or voice is in the recording

A representative of an adult person who is incapacitated or incapable of providing consent

Names(s) of the person(s) you represent: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Involved Vehicle Description [if applicable]: _____

Description of Incident: _____

Name(s) of Involved Officer(s) [if known]: _____

Chapel Hill Police Case # [if applicable]: _____

****My signature below indicates my acknowledgement and understanding that I cannot reproduce, copy or record the incident that I am requesting to review.**

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

**** Internal Use Only ****

Form Received By: _____ Date: _____

Identity Confirmation Method: Gov't Issued Photo ID CJLEADS/DMV Other: _____

Disclosure Request Review

Conducted by: _____ Date: _____

Disclosure Approved Notification Method: Phone Email Certified Mail

Notification Date/Time: _____

Date/Time of Disclosure Session: _____

Disclosure Denied (Cause(s) indicated below)

Requesting party is not authorized for disclosure under NCGS 132-1.4A

Contains information that is confidential or exempt from release under state or federal law

Contains information that is confidential or exempt from disclosure under state or federal law

Disclosure would reveal information about a person that is of a highly sensitive personal nature

Disclosure may harm the reputation or jeopardize the safety of someone

Disclosure would create a threat to the fair, impartial, and orderly administration of justice

Confidentiality is necessary to protect an active or potential internal or criminal investigation

Other (describe): _____

Notification Method: Phone Email Certified Mail

Notification Date: _____

Disclosure

Date: _____ Time: _____ Location: _____

CHPD Personnel Present [Name]: _____

Citizen(s) Present: _____

I, _____, acknowledge that the recording requested on this form was disclosed to me by the Chapel Hill Police Department on the date and time indicated above.

Signature of Requestor: _____ Date: _____