



# Massachusetts State Police

Public Records Unit

50 Maple Street

Milford, MA 01757

*Body Worn Camera (BWC) and Cruiser*

*Mounted Camera (CMC) Video*

## Public Request Form



### REQUESTOR INFORMATION

Name:	Date of Request:
Business Name (if applicable):	Address:
I am: <input type="checkbox"/> The subject of the video. <input type="checkbox"/> Legal Representative. <input type="checkbox"/> Private or Insurance Invest. <input type="checkbox"/> Other (describe):	Phone Number:  Email Address:

### INCIDENT INFORMATION

Date of Incident:	Time of Incident: <b>AM or PM</b>
Specific Location of Incident:	
Subject's Name:	Subject's DOB:
<b>Give incident description <u>with as much detail as possible</u> or attach police report if applicable:</b> (All videos must be reviewed in order to verify that the incident depicted is the one being requested. Details provided of the incident must be specific to make a correct match.)	

### OFFICER INFORMATION (if known)

Officer Name and ID Number:	Cruiser # and Troop:
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- Based on the information provided, the Department of State Police will search for the video that is responsive to your request and will respond to your request via the email address provided unless otherwise notified.
- The Department makes independent determinations on a case-by-case basis as to the release of any footage requested. To the extent applicable, the Massachusetts Public Records Law, G.L. c. 66A, §10 and G.L. c. 4, §7, cl. 26 (a-v) governs the production of any materials responsive to the request. The Department may charge a fee if the time to assemble, review, redact, and reproduce exceeds four (4) hours. You will be notified of the fee amount prior to the production of any responsive materials.
- Please return this completed form via email to: [MSPVideoRequests@pol.state.ma.us](mailto:MSPVideoRequests@pol.state.ma.us), or by fax: (774) 462-3768. Failure to submit a fully completed and/or legible form will result in a delay in responding to your request.