



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

CHARLOTTE-MECKLENBURG

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

PRINT NAME

VIEW THE RECORDING(S) REQUESTED HEREIN \_\_\_\_\_

SIGNATURE

PLEASE SELECT THE APPROPRIATE CATEGORY BELOW

1.  A person whose image or voice is in the recording.
2.  A spouse if the spouse whose image or voice is in the recording consents to the disclosure. *Notarization of this request form is required by the consenting spouse. SEE OTHER SIDE*
3.  An attorney retained to represent a person whose image or voice is in the recording. *Notarization of this request form by the client is required. SEE OTHER SIDE*
4.  A parent of a minor whose image or voice is in the recording.
5.  A guardian of a minor or adult whose image or voice is in the recording. *Guardianship documentation is required.*
6.  A personal representative of a deceased person whose image or voice is in the recording. *Executorship, Power of Attorney, or other legal documentation required.*
7.  A personal representative of an adult person who is incapacitated and unable to provide consent to disclosure. *Power of Attorney or other legal documentation required.*

**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 any CMPD division office or the Police Headquarters at 601 E. Trade Street. You may also email the form and documentation to [VideoDisclosure@cmpd.org](mailto:VideoDisclosure@cmpd.org) or you may mail the form and documentation by USPS to

CMPD  
Attn: Video Disclosure  
601 East Trade Street  
Charlotte, NC 28202

If you have any questions regarding the form, the process or your qualifications to watch a video please email those questions to [VideoDisclosure@cmpd.org](mailto:VideoDisclosure@cmpd.org) or contact CMPD by dialing 311 and asking for CMPD Non-Emergency Police Services . If you are calling 311 from outside Mecklenburg County, dial 704-336-7600.

*NOTE: Disclosed is defined as making a recording available for viewing or listening to by the person requesting disclosure, at a time and location chosen by the custodial law enforcement agency. This definition does not include providing a copy of the recording. Section 132-1.4A. prohibits the requesting person from recording the recording.*  
*NOTE: A personal representative is defined as a parent, court-appointed guardian, spouse, or attorney of a person whose image or voice is in the recording. If a person whose image or voice is in the recording is deceased, the term also means the personal representative of the estate of the deceased person; the deceased person's surviving spouse, parent, or adult child; the deceased person's attorney; or the parent or guardian of a surviving minor child of the deceased.*

BY SIGNING BELOW I \_\_\_\_\_ CERTIFY THAT I CONSENT TO MY SPOUSE OR ATTORNEY TO VIEW  
A RECORDING(S) THAT MY IMAGE OR VOICE IS RECORDED IN \_\_\_\_\_  
PRINT NAME  
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 \_\_\_\_\_