

Body Worn Camera Recording Request Form:

Name of Requestor: _____

Address: _____

Contact number: _____

Email: _____

Date of Request: _____

Incident date: _____ Incident time: _____

Incident Location: _____

Requested items: _____

** I acknowledge that the above request could have a special service associated as authorized by Franklin Township Ordinance. I agree ___ disagree ___ with paying this fee prior to fulfillment of my request.

Printed Name

Signature