



Whiteland Police Department

549 Main St, Whiteland, IN 46184 - phone: 317.535.8100 - fax: 317.535.6062

PUBLIC INFORMATION REQUEST FOR LAW ENFORCEMENT RECORDINGS

INCIDENT #: _____

*Pursuant to Indiana Access to Public Records Act (I.C. 5-14-3-1, et seq., as amended)
Certain Public Records are exempt from disclosure pursuant to I.C. 5-14-3-4*

*****SEPARATE FORM REQUIRED FOR EACH LAW ENFORCEMENT RECORDING REQUESTED*****

Date of Request: _____ Time of Request: _____

Name of person requesting information: _____

Address: _____

Phone: _____ Email: _____

Organization: _____

For purposes of determining whether you are making this request as a "Requestor" under IC 5-14-3-5.1, please check all that apply:

- I am an individual depicted in the law enforcement recording
- I am the surviving spouse or an immediate family member of a person depicted in the law enforcement recording who is now deceased.

Name of deceased person: _____

- I am the personal representative or attorney for the estate of a person depicted in the law enforcement recording who is now deceased.

Name of deceased person: _____

- I am the legal guardian, attorney, or attorney-in-fact (under Power of Attorney) of a person depicted in the law enforcement recording who is an "incapacitated person" under IC 29-3-1-7.5.

Name of incapacitated person: _____

- With regard to real estate the interior of which is depicted in the law enforcement recording, I am:
 - An Owner
 - A Tenant, lessee or occupant at the time of the recording

Address of real estate: _____

- I am a victim of a crime, and events relevant to that crime are depicted in the recording
- I am a person who has suffered a loss due to personal injury or property damage, and the recording depicts events relevant to my loss
- None of the above descriptions apply to me.

[CONTINUED ON FOLLOWING PAGE]

Please identify the Law Enforcement Recording: (All items are required)

DATE of Law Enforcement Activity depicted in the recording: _____

Approximate TIME of Law Enforcement Activity depicted in the recording: _____ AM / PM

Specific LOCATION where the Law Enforcement Activity occurred: _____

Mode of Access:

- I wish to VIEW the recording using the agency's equipment
- I wish to obtain a COPY of the recording and will PAY the required fees associated

Initial Response: I understand that the Access to Public Records Act requires an initial response to my request within a specified time period, but does not require the agency to provide the copies or access to view the recording within a specified time period; the copy or access will be provided within a reasonable period of time after the initial response to my request.

Denial of Request: I understand that if the request is denied, the Whiteland Police Department will respond of the state the statutory exception authorizing the withholding of all or part of the public record and the name and title or position of the person responsible for the denial.

The denial response to this request may be sent to me by one of the following methods:

By MAIL at _____

By FAX at _____ By EMAIL at _____

Other _____

Charges: The fees chart for copies of Law Enforcement Information is:

Video/Audio/Body Cam Recordings	\$25.00 (per recording)**
Pictures	\$25.00 (per disc)
Accident/Incident Reports	\$ 5.00

All charges must be paid before the requested records will be processed or provided. A pre-paid, self-addressed envelope will need to be provided with payment for mailing the requested records to you. To avoid postage charges, you may pick up documents in person.

**Other charges may apply to cover direct costs of reproducing or redacting records using other media and for viewing records access pursuant to IC 5-14-3-3.6 or 5-14-3-5.1

Signature of Person Making Request _____

All Videos/Photos/Reports are Property of the Whiteland Police Department. Payment made to obtain a copy of videos/photos/reports does not grant authorization or permission for any of the following activities, but not limited to, selling, donating, duplicating, sharing, editing, or posting to social media. Unauthorized use could be subject to prosecution.

For Office Use Only:

Approved

Denied

Signature: _____ Title: Chief of Police Date: _____

Date Information paid & released to Requestor: _____ WPD Employee Initials: _____