



## ZEBULON POLICE DEPARTMENT

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

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 the Zebulon Police Department located at 1001 N. Arendell Ave. Zebulon, NC 27597. You may also mail the completed form to.

ZPD  
Attn: Video Disclosure  
1001 N. Arendell Ave.  
Zebulon, NC 27597

If you have any questions regarding the form, the process or your qualifications to watch a video please contact ZPD by dialing 919-823-1818.

*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.*

NOTORIZATION ON THE REAR OF THIS FORM AS NEEDED

BY SIGNING BELOW I \_\_\_\_\_ I CERTIFY THAT ALL INFORMATION IS TRUE AND/OR I CONSENT TO MY  
PRINT NAME  
REPRESENTATIVE VIEWING A RECORDING(S) WHERE MY IMAGE OR VOICE IS RECORDED.

\_\_\_\_\_  
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 \_\_\_\_\_

\*\*\*\*\*For Internal Use Only\*\*\*\*\*

Date: \_\_\_\_\_ Disclosed approved: 0 Disclosure denied: 0

If denied, explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Denying Request:

\*\*\*\*\*Disclosure Session\*\*\*\*\*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Person Administering Disclosure:

I acknowledge that the recording requested on this form was disclosed to me by the Zebulon Police Type text here  
Department on the date and time indicated above.

Signature Date and Time