**HOWARD COUNTY DEPARTMENT OF POLICE**
**DIGITAL/BWC MANAGEMENT SECTION**
**3410 COURT HOUSE DRIVE**
**ELLICOTT CITY, MARYLAND 21043**
**410-313-2250**

## BWC FOOTAGE REQUEST
## PLEASE PRINT

To receive a copy of a Body Worn Camera (BWC) footage, please fill out the following information and mail your request to the above address or send the request via e-mail to BWCIMHCPD@howardcountymd.gov. Please include as much information as possible. In the event there is a question concerning your request, please include a work, and/or home phone number. BWC records may be provided via a secure electronic link, therefore please provide an email address, in order to receive this link to the requested BWC video.

Since your request is governed by the Maryland Public Information act, Section 4-101 et seq. of the General Provisions Article of the Annotated Code of Maryland (the "Act"), pursuant to the act, you may be charged a fee for the search, preparation and reproduction of the requested records. By law, the first two hours of labor costs are provided to you at no charge. An estimated fee letter will be sent you regarding the costs of the reproduction of the video requested. Once the Digital/BWC Management Section receives your payment, a link to the BWC footage will be emailed within 30 days.

If you have any questions regarding BWC record release, please contact the Digital/BWC Management Section at 410-313-2250 or at BWCIMHCPD@howardcountymd.gov.

REPORT NUMBER_____INVESTIGATING OFFICER(S)_____

TYPE OF INCIDENT_____     DATE/TIME REPORTED_____

LOCATION OF INCIDENT_____

PERSON REQUESTING REPORT_____

REQUESTING PERSON'S INVOLVEMENT_____
(Examples: Driver, Passenger, Executor/Administrator of Estate, Victim, Other Persons Involved in Incident, Insurance Company, Attorney, etc.)

CLIENT NAME FOR ATTORNEY OR INSURANCE COMPANY_____

REQUESTING PERSON'S ADDRESS_____

_____

PHONE NUMBERS_____          _____
                                HOME                                                        WORK

**EMAIL ADDRESS**_____

_____

PROCESSED BY BWC ADMINISTRATIVE ANAYLST_____

DATE PROCESSED_____