

AMTRAK POLICE DEPARTMENT BODY WORN CAMERA VIDEO REQUEST FORM			
THE PURPOSE OF THIS FORM IS TO REQUEST A COPY OF BODY WORN CAMERA VIDEO.			
PLEASE PROVIDE THE FOLLOWING INFORMATION			
1. REQUESTER NAME (LAST, FIRST, MI)	2. DATE OF REQUEST	3. TELEPHONE NUMBER	
4. ADDRESS/FIELD OFFICE (MUST BE AN ACTUAL ADDRESS- BUSINESS/P.O. BOX NOT ALLOWED)	5. CITY	6. STATE	7. ZIP CODE
PLEASE NOTE: THE FOLLOWING INFORMATION WILL ASSIST IN LOCATING THE REQUESTED BWC VIDEO			
POLICE REPORT INFORMATION			
8. INCIDENT NUMBER/CALL FOR SERVICE NUMBER	9. DATE OF INCIDENT		
10. LOCATION OF INCIDENT	11. DATE AND TIME REPORTED TO AMTRAK POLICE		
12. REQUEST TYPE:			
PLEASE NOTE: AN AMTRAK POLICE RELEASE FORM WILL NEED TO BE SIGNED PRIOR TO ANY BWC VIDEO RECORDINGS BEING RELEASED.			
RECORDS USE ONLY			
13. COMMENTS/ NOTES: PLEASE BE ADVISED THAT IF THIS INCIDENT IS CURRENTLY UNDER POLICE INVESTIGATION, PURSUANT TO AMTRAK POLICY AND THE FREEDOM OF INFORMATION ACT (F.O.I.A) (TITLE 5 U.S.C. §552(b)(7)A) EXEMPTING LAW ENFORCEMENT AGENCIES FROM RELEASING RECORDS THAT COULD REASONABLY BE EXPECTED TO INTERFERE WITH AN ONGOING LAW ENFORCEMENT PROCEEDING, THIS BODY WORN CAMERA VIDEO WILL NOT BE RELEASED. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT THE AMTRAK POLICE DEPARTMENT RECORDS DIVISION AT 215-349-3313. THANK YOU, AMTRAK POLICE RECORDS DIVISION			

PLEASE BE ADVISED THAT THIS FORM IS ONLY A REQUEST AND DOES NOT GUARANTEE
THE RELEASE OF BODY WORN CAMERA VIDEO FOOTAGE.

**AMTRAK POLICE DEPARTMENT
RECORDS DIVISON
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