



## Requests For Disclosure of Video Recordings

Name of Person Requesting the Video: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Video Recording: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

Location: \_\_\_\_\_

Describe the activity with reasonable particularity sufficient to identify the recording to which the request refers:

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

Name of Individual whose image or voice was recorded: \_\_\_\_\_

Description of individual whose image or voice was recorded: \_\_\_\_\_

\_\_\_\_\_

Your relationship to the above individual who was recorded is: Circle One

1. I am the individual whose image or voice is the subject of the recording.
2. I am a personal representative of an adult individual whose voice or image is the subject of the recording if that individual has consented. (Written consent copy attached)
3. I am a personal representative of a minor whose voice or image is the subject of the recording.
4. I am a personal representative of an adult individual under lawful guardianship whose image or voice is the subject of the recording.
5. I am a personal representative of an adult who is incapacitated and unable to provide consent whose voice or image is the subject of the recording.
6. I am a personal representative of a deceased individual whose image or voice is the subject of the recording.

What specific information or images are you requesting to view? \_\_\_\_\_

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

Upon receipt of this completed form and, where applicable, the written consent of the adult individual whose image or voice is the subject of the recording, the Morgan County Sheriff's Office (MCSO) may disclose the portion of the recording relevant to the request or may notify the requestor of its decision not to disclose the recording. MCSO reserves the right to not to disclose the recording if, in MCSO's judgement, the disclosure would affect an ongoing active law enforcement investigation or prosecution.

Individuals who receive disclosure of a recording are prohibited by law from recording or copying the disclosed material. Any individual found recording or copying a disclosed recording, to have released a disclosed recording, or in unauthorized receipt of a disclosed recording will be subject to investigation and legal action.

MCSO reserves the right to assess reasonable fees for redaction and editing of a recording. A minimum non-refundable fee of \$65.00, payable in advance before any action toward compliance with the request. The \$65.00 fee shall cover the first hour of personnel time dedicated to compliance with the request. If the total personnel time does not exceed one hour, this minimum charge of \$65.00 shall be the sole charge. For each 1/10<sup>th</sup> of an hour over and above the first hour of personnel time devoted to this request, there shall be an additional fee of \$4.50 (i.e., \$45.00 per hour).

**I, (Name) \_\_\_\_\_, hereby certify that I am the individual whose image or voice is the subject of the recording, or that I am a personal representative authorized by Act 2023-507 to receive disclosure of the recording; that the information provided on this form is true and correct to the best of my knowledge; and that I will not record or copy any recording disclosed to me.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name Printed**

\_\_\_\_\_  
**Date of Request**

Please submit this completed form, and any attachments thereto, by mail or personal delivery to the  
Morgan County Sheriff's Office  
119 Lee Street  
Decatur, Alabama 35601