



# CITY OF FRANKFORT POLICE DEPARTMENT

1740 W. State Rd 28 • Frankfort, Indiana 46041-1859 • Phone 765-654-4245 • Dispatch 765-654-4431 • Website Frankfort-In.gov

Judith E. Sheets  
*Mayor*

Scott T. Shoemaker  
*Chief*

Cesar Muñoz  
*Deputy Chief*

11/27/2024

## **Request Law Enforcement Recording (ex. Body Worn Camera Footage or In-car Camera Footage)**

Law enforcement recordings can be requested online or in person. Any request must be redacted by state law before they are released. A fee will be charged for each recording.

Online- [www.frankfort-in.gov](http://www.frankfort-in.gov) In-person- 1740 W State Rd 28, Frankfort, IN (Monday-Friday 8 AM -4PM)

The following are required by Indiana State Law to request a recording:

- Date of the incident
- Approximate time of the incident
- Location of the incident
- Name of one person involved who is not a law enforcement officer

### **Law Enforcement Recording Fees:**

The following fees have been established for obtaining law enforcement recordings from the Frankfort Police Department. Fees are based on the length of time for each individual recording requested. Requests may be for an individual officer's video, select officers or for all video for the incident. Once a request is made, the number of recordings and associated fee will be announced prior to processing the request. You may then select which recordings to request. Recordings will not be released until payment is made.

### **Length of Recording Fee Schedule:**

- 0 – 59 minutes \$100
- 60 minutes or over \$150

Reminder- the fee is for each individual requested recording, not the total time of all recordings.

Reference Indiana Code 5-14-3-8 (e)(g) for state law that governs law enforcement recordings.



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## PUBLIC RECORDS REQUEST INSPECT OR COPY A LAW ENFORCEMENT RECORDING

**Return to:**

Records Clerk Frankfort Police Department

1740 W State Rd 28

Frankfort, Indiana 46041

Phone: 765-654-4245 FAX: 765-654-9197

Email: [cmunoz294@frankfort-in.gov](mailto:cmunoz294@frankfort-in.gov)

Name of Requesting Party: \_\_\_\_\_ DOB: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

• Date and approximate time of the law enforcement activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_AM/PM

• The specific location where the law enforcement activity occurred:

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

• The name of at least one (1) individual, other than a law enforcement officer, who was directly involved in the law enforcement activity:

\_\_\_\_\_

Date of Request: \_\_\_\_\_

Your Signature: \_\_\_\_\_

### Inter-Office Use Only

Date of Request Received \_\_\_\_\_ Date of Request Denied \_\_\_\_\_

Employee Handling Request: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Payment Collected and Processed: \_\_\_\_\_ Date of Request Filled: \_\_\_\_\_