

NORTH LAS VEGAS POLICE DEPARTMENT  
**BODY-WORN CAMERA VIDEO**  
**PUBLIC RECORDS REQUEST**  
Pursuant to NRS 239

*This form is **ONLY** to be used to request body-worn camera video that is in the legal custody or control of the North Las Vegas Police Department.*

**INSTRUCTIONS:**

REQUEST CAN BE MADE IN WRITING OR IN PERSON. ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVED REGARDLESS OF THE METHOD OF REQUEST. INCOMPLETE REQUEST WILL NOT BE HONORED. ALL FORMS MUST BE SIGNED\*\* BEFORE THE REQUEST WILL BE PROCESSED. **ONLY VIDEOS THAT ARE CLEARLY DEFINED AS PUBLIC RECORDS WILL BE RELEASED.** YOU WILL BE CONTACTED WITHIN FIVE (5) BUSINESS DAYS TO ACKNOWLEDGE RECEIPT OF YOUR REQUEST AND TO ARRANGE AN INSPECTION APPOINTMENT. YOU WILL BE CONTACTED IN WRITING IF THE REQUESTED VIDEO CANNOT BE LOCATED, NO LONGER EXISTS, OR IS NOT A PUBLIC RECORD.

**IN WRITING:** TYPE OR USE BLACK INK ONLY. YOU MAY:  
1. FAX TO (702) 633-6164  
2. MAIL TO:  
BWC DISSEMINATION UNIT  
NORTH LAS VEGAS POLICE DEPARTMENT  
2250 LAS VEGAS BLVD. NORTH #300  
NORTH LAS VEGAS, NEVADA 89030

**VIA EMAIL:** AFTER COMPLETING THE INTERACTIVE FORM ON YOUR COMPUTER, SAVE IT FOR YOUR RECORDS AND ADDRESS AN EMAIL TO [BWC@CityofNorthLasvegas.com](mailto:BWC@CityofNorthLasvegas.com) WITH YOUR COMPLETED FORM AS AN ATTACHMENT.

**IN PERSON:** BRING THE COMPLETED FORM TO THE NORTH LAS VEGAS POLICE DEPARTMENT  
2250 LAS VEGAS BLVD. NORTH #300  
NORTH LAS VEGAS, NEVADA 89030

**BY PHONE:** (702) 633-1786 NOTE: TELEPHONIC REQUESTS MUST BE FOLLOWED BY VERIFICATION OF SUBMITTING INFORMATION AND A SIGNATURE, IN PERSON, AT THE ADDRESS SHOWN ABOVE BEFORE PROCESSING

**REQUESTOR INFORMATION** (Information with an asterisk (\*) is required.)

Your Name:* <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other _____	Your Phone Number:*	Your Fax Number:	
Your Email Address:*	Business Name		
Your Mailing Address:*        (Number and Street)	City:*	State:*	Zip Code:*

**BWC VIDEO REQUESTED**

Identify the video you are requesting. Please be as specific as possible (i.e., event number, date, time, location, officer's name or badge number, etc.) to assist staff in locating the video. Define the content and narrow scope as much as possible since videos can be lengthy. The Dissemination Manager may have to contact you for clarification or additional information.

By signing below, I certify that the information above is true and correct to the best of my knowledge. I understand that I must inspect the video at NLVPD for verification prior to a copy being made (if a copy is desired). I also understand that there is a fee for redacting and copying the video and that its release is contingent upon full payment. By Nevada law, some videos may not be public record.

Date: \_\_\_\_\_

X \_\_\_\_\_  
**Requester Signature Required**

*(If submitting this form via email, the Requester's typed name on the line above will serve as a valid signature.)*