



# LAWRENCE POLICE DEPARTMENT

90 Lowell Street  
Lawrence, MA 01840  
Tel: 978-794-5900  
[www.lawpd.com](http://www.lawpd.com)

Roy P. Vasque  
Chief of Police

## VIDEO REQUEST FORM

PLEASE NOTE THAT THE VIDEO FOOTAGE OF ANY INCIDENT IS ONLY HELD FOR 30 DAYS

The City of Lawrence will reproduce such images pursuant to the public records law of Massachusetts; M.G.L. c. 66 section 10 and 950 CMR 32.00. The copies of video records are not susceptible to the ordinary means of reproduction; therefore, **the actual cost incurred in providing a copy may be assessed.** The designated fee for material is the cost for storage device(s) (CD, thumb drive, hard drive) consistent with the length of the video request. All money orders or bank checks shall be made payable to: The City of Lawrence as required by law.

### PLEASE PRINT CLEARLY

COMPLETE ALL ITEMS IN THIS FORM. INCOMPLETE/ILLEGIBLE REQUEST WILL NOT BE PROCESSED.

DATE OF REQUEST: \_\_\_\_\_

INCIDENT NUMBER (If applicable): \_\_\_\_\_

DATE & TIME OF VIDEO FOOTAGE REQUESTED: Please specify beginning & ending time.

DATE: \_\_\_\_\_

START TIME: \_\_\_\_\_  AM  PM ENDING TIME: \_\_\_\_\_  AM  PM

LPD CAMERA LOCATION: \_\_\_\_\_  
Specify Street and/or Intersection if applicable

## REQUESTOR'S INFORMATION

COMPANY NAME: \_\_\_\_\_

NAME: \_\_\_\_\_  
First Last

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE/ CELL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLEASE EMAIL YOUR REQUEST TO: [videorequest@lawpd.com](mailto:videorequest@lawpd.com)

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