

CITY OF BROOKHAVEN
2665 Buford Hwy, Brookhaven, GA 30324
Office 404-637-0686 Fax 404-637-0687

Attn: Suzanne Rice, Records Management Clerk
Suzanne.Rice@BrookhavenGA.gov

Date of Request: _____

Request for In-Car Video

Defendant: _____

Print Name

Signature of Defendant

Attorney for Defendant :
(If Applicable)

Print Name

Signature of Attorney: I certify that I represent the defendant listed below.

Attorney's Address: _____

Phone Number to call when video is ready: _____

The following information is required to ensure the proper video is accessed/reproduced:

Arresting Officer: _____ Case #: _____

Date/Time of Arrest: _____

Arrestee's Name: _____ Race/Sex: _____

Location of Arrest/Incident: _____

Type of Incident or Charges: _____

Current Court Date: _____

(Court Use Only)

Approved by: _____

Print Name/Title: _____

Date of Approval: _____

Confirmed Entry of Appearance is on File by this Attorney:

(For Police Records Use Only)

Request Received: _____

Attorney Called for Pick Up: _____

Payment Made: _____