



PATTON TOWNSHIP POLICE DEPARTMENT

100 Patton Plaza, State College, PA 16803

Office: 814/234-0273 Fax: 814/234-0583 Email: police@twp.patton.pa.us



Standard Act 22 Request Form (Police Audio and Video)

Date Requested: _____

*Written request must be made within sixty (60) days of the date of the recording

Request Submitted by: Certified U.S. Mail In Person

Request Submitted to: Patton Township Police Department, Open Records Officer Tyler Jolley
100 Patton Plaza, State College, Pa 16803

Name of Requester: _____

Street Address: _____

City/State/County/Zip: _____

Telephone: _____ Email: _____

Records Requested: *Provide as much specific detail as possible so the agency can identify the information requested.

Date (Required): _____

Time (Required): _____

Location (Required): *If the requested incident took place inside a residence, every person present at the time of the recording must be identified, unless unknown and not reasonably ascertainable. (Attach Statement if more space is required)

Relationship to requested event/recording (Required): (Attach statement if more space is required)

****Please note: RETAIN A COPY of this request for your files****
****It is a required document if you would need to file an appeal****

For Agency Use Only

Date Received by Agency: _____

Agency thirty (30) business day response due: _____

Disposition: _____

