

Franklin County Sheriff's Office

Flock LPR (License Plate Reader) Access Authorization Form

Purpose:

This form is used to grant access to the Franklin County Sheriff's Office Flock Safety Cameras (LPR system) to a law enforcement officer from another law enforcement agency, pursuant to the policies of the Franklin County Sheriff's Office regarding data access, use, and sharing.

1. Terms and Conditions for Access:

By signing this form, the officer from the requesting agency acknowledges and agrees to the following terms:

- Access to the Flock Safety Cameras is granted solely for law enforcement purposes, including investigations, surveillance, and other duties related to public safety.
- The officer is responsible for ensuring that any information accessed from the Flock Safety Cameras is handled in accordance with all applicable laws, regulations, and Franklin County Sheriff's Office policies and procedures.
- The officer agrees not to share or disseminate any data from the Flock Safety system with unauthorized parties.
- The officer agrees to maintain the confidentiality of all information accessed through the Flock system.
- The officer understands that any misuse or unauthorized access will result in revocation of access privileges and may be subject to disciplinary action.
- The requesting agency will notify the Franklin County Sheriff's Office if the officer is transferred, retires, or is terminated from the agency.

2. Officer Information:

(Please fill out all fields)

Officer's Full Name: _____

Rank/Title: _____

Agency/Department: _____

Badge/ID Number: _____

Phone Number: _____

Email Address: _____

3. Flock Safety Camera Access Request:

I, request access to the Flock Safety Camera system for the aforementioned purposes and agree to abide by the terms outlined in this form.

Officer's Signature: _____

Date: _____

If an agent or officer leaves their employment for any purpose the FCSO shall be notified immediately for system revocation.

Officer's Department Head Signature: _____

Date: _____

4. Authorization by Franklin County Sheriff's Office:

The following section must be completed by the Franklin County Sheriff's Office or the designated representative.

I, hereby authorize the above-mentioned officer from _____ to access the Flock Safety Camera system under the terms and conditions outlined in this form.

Sheriff or Designee's Full Name: _____

Rank/Title: _____

Signature of Sheriff or Designee: _____

Date: _____

6. Termination of Access:

Access may be revoked at any time by the Franklin County Sheriff's Office. The officer will be notified if their access is revoked.

Note: This form must be kept on file by the Franklin County Sheriff's Office for record-keeping and compliance purposes.

For Internal Use Only:

- Date Access Granted: _____
- Access Expiration Date (if applicable): _____
- Notes/Comments: _____