

Travis Belden • Sheriff

Kit Carson County Sheriff's Office • 1650 Donelan Ave., Suite #103 Burlington, Colorado 80807 • Office: 719-346-8934 • Fax: 719-346-7282

BODY-WORN CAMERA (BWC) VIDEO REQUEST

PLEASE FILL OUT & PRINT CLEARLY, THE INFORMATION BELOW & RETURN TO OUR OFFICE

If this pertains to a CRIMINAL CASE: Please submit your request for BWC footage through the Discovery process with the 13th Judicial District Attorney's Office. DO NOT USE THIS FORM!

Requestor's Name:		Phone Numbe	r: Cell Home	#	's License: State: sented: Yes or NO	
Requestor's Email Address: Business Name:						
Requestor's Mailing Address: (Number & Street or P.O. Box)City:State:Zip Code:					Zip Code:	
Requestor's Involvement in Case: Case Report # Name(s) of Person(s) Involved: Date(s) of Bin Victim Complainant				Date(s) of Birth:		
Date & Time of Video:	Location:	Name	e(s) of Dep	uties Inv	volved:	
Date:am	Address: City: Intersection:					
Do you need <u>all</u> of the BWC video related to this Incident? YES NO ** If NO is selected, please provide a description of the footage you are specifically looking for in the space below. * Please refer to the back of this page for information on fees associated to the research and redaction costs of the BWC videos. Costs add up quickly, so please be as specific as possible in your description.						

Requestor's Signature Needed on the Back of This Page					
BODY-WORN CAMERA (BWC) FEE SCHEDULE					
Research and Redaction Processing*	\$30.00 per hour (1 hour minimum, in addition to cost of Drive)				
8 GB USB Drive (no outside drives accepted)	\$15.00 per USB Drive				
Mailing of Records	\$10.00 (will be mailed Certified and Return Receipt)				
*Processing requires full playback of each video by the processing technician <u>before</u> redaction begins, to verify the involvement of each party in the video, ensuring that the video(s) is/are redacted in accordance with Colorado State Statutes. Please keep this in mind, as far as costs, when requesting video(s) from multiple Deputies that responded to the same incident, or a large time frame of video.					
How would you like to receive the BWC Footage?					
Mail	Or Dickup				
*If total file size of video exceeds maximum size of 8 GB USB Drive additional drives will be used. Requestor will be charged \$15.00 for each drive used, in addition to the hourly fee.					
Your signature acknowledges that you will pay all Sheriff's fees associated with this record request (all payments must be received in advance of releasing the requested records) and that per Statute 24-72-305.5 the searched records will not be used for the direct solicitation of business for pecuniary gain. I have read and agree to the terms and the conditions stated above. Signature: Date://					
Below Section To Be Completed by Sheriff's Personnel Only:					
Date Received:// Proces Date Finished:/ Total A mins.	sed By: Total Processing Time:				
Notes:					
	· · · · · · · · · · · · · · · · · · ·				