



SHERIFF

Office Use Only

Case Report #

KIT CARSON COUNTY

Travis Belden • Sheriff

Joseph Marcos • Undersheriff

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 Number: _____ Cell _____ Home _____		Driver's License: # _____ State: _____ ID Presented: Yes or NO	
Requestor's Email Address:		Business Name:			
Requestor's Mailing Address: (Number & Street or P.O. Box)			City:	State:	Zip Code:
Requestor's Involvement in Case: <input type="checkbox"/> Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Witness <input type="checkbox"/> Arrestee <input type="checkbox"/> Other: <input type="checkbox"/> Suspect ↳ Please Explain: _____		Case Report # _____ _____ _____	Name(s) of Person(s) Involved: _____ _____ _____		Date(s) of Birth: _____ _____ _____
Date & Time of Video: Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		Location: Address: _____ City: _____ Intersection: _____		Name(s) of Deputies Involved: _____ _____ _____	
Do you need <u>all</u> of the BWC video related to this Incident? <input type="checkbox"/> YES <input type="checkbox"/> 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	\$15.00 (will be mailed Certified and Return Receipt)

*Processing requires full playback of each video by the processing technician before 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
☐ Pickup

***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 Rec.: ____ / ____ / ____ Processed By: _____

Total Processing Time: ____ hrs. ____ mins Total Amount Due: \$ _____

Date Finished: ____ / ____ / ____

Sheriff's Approval: _____ **Date:** _____

Record Released By: _____ **Date:** _____

Notes: _____

