

BOULDER COUNTY SHERIFF'S OFFICE

BODY-WORN CAMERA VIDEO REQUEST

MAILING ADDRESS: 5600 FLATIRON PKWY., BOULDER, CO. 80301

PHONE: (303) 441-3600

FAX: (720)564-2674

EMAIL ADDRESS: SHERIFFBWC@BOULDERCOUNTY.ORG

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

Requestor's Name:		Phone Number: _____ Cell _____ Home		Fax:	
Requestor's Email Address:		Business Name:			
Requestor's Mailing Address: (Number and Street)			City:	State:	Zip Code:
Requestor's Involvement in Case: Victim Complainant Witness Arrestee Other: Suspect Please Explain: _____		Case Report # or Ticket #: _____ _____	Name(s) of Person(s) Involved: _____ _____		Date(s) of Birth: _____ _____
Date & Time of Video: Date: _____ am Time: _____ pm	Location: Address: _____ City: _____ Intersection: _____		Name(s) or Badge #'s of Deputies Involved: _____ _____		
<p>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.</p> <p>*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.</p> <p style="text-align: center; color: red; font-weight: bold;">**Requestor's Signature Needed on the Back of This Page**</p>					

BODY-WORN CAMERA FEE SCHEDULE

Research and Redaction Processing*	\$30.00 per hour (1 hour minimum, in addition to cost of drive/disc)
Thumb Drive or 4GB DVD (No outside drives/discs accepted)	\$20.00 per drive/disc
Mailing of Records	\$3.00 (requires payment in full prior to mailing)

* 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.

WHICH DELIVERY OPTIONS WOULD YOU LIKE FOR THE BWC VIDEO?

THUMB DRIVE OR DISC | MAILED OR PICK UP

***If total file size of video exceeds maximum size of a single flash drive or 4GB DVD, additional drives/discs will be used. Requestor will be charged \$20.00 for each drive/disc used, in addition to the hourly fee.**

Your signature acknowledges that you will pay all Sheriff's fees associated with this record request (We will require a deposit of 50% of the estimated cost before processing a large request for information or research. 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: ____/____/____ Processed By: _____ Total Processing Time: _____
 Date Finished: ____/____/____ Total Amount Due: \$ _____ ____ hr(s) ____ min

Notes:
