



# SHERIFF

KIT CARSON COUNTY

Office Use Only

Case Report #

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 13<sup>th</sup> Judicial District Attorney's Office. **DO NOT USE THIS FORM!**

<b>Requestor's Name:</b>		<b>Phone Number:</b> Cell _____ Home _____		<b>Driver's License:</b> # _____ State: _____ ID Presented: Yes or NO	
<b>Requestor's Email Address:</b>			<b>Business Name:</b>		
<b>Requestor's Mailing Address:</b> (Number & Street or P.O. Box)			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Requestor's Involvement in Case:</b> <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: _____		<b>Case Report #</b> _____ _____ _____	<b>Name(s) of Person(s) Involved:</b> _____ _____ _____		<b>Date(s) of Birth:</b> _____ _____ _____
<b>Date &amp; Time of Video:</b> Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		<b>Location:</b> Address: _____ City: _____ Intersection: _____		<b>Name(s) of Deputies Involved:</b> _____ _____ _____	
<b>Do you need <u>all</u> of the BWC video related to this Incident?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>** If NO is selected, please provide a description of the footage you are specifically looking for in the space below.</b> <b>* 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.</b>					
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**\*\*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 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 Received: \_\_\_ / \_\_\_ / \_\_\_      Processed By: \_\_\_\_\_      Total Processing Time: \_\_\_\_\_  
Date Finished: \_\_\_ / \_\_\_ / \_\_\_      Total Amount Due: \$ \_\_\_\_\_      hrs. \_\_\_\_\_ mins.

Notes:

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