

Office Use Only
Case # / Event ID/ Summons #

GILPIN COUNTY SHERIFF'S OFFICE

BODY-WORN CAMERA VIDEO REQUEST

PLEASE FILL OUT THE INFORMATION BELOW AND RETURN IT TO OUR OFFICE:

MAILING ADDRESS: 2960 Dory Hill Rd #300 Black Hawk, CO 80422

PHONE: (303) 582-1060

FAX: (303) 582-3813

EMAIL ADDRESS: Records@gilpincounty.org

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

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: <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 # or Ticket #: _____ _____	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) or Badge #'s of Deputies Involved: _____ _____	
<p>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.</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> 					
Requestor's Signature Needed on the Back of This Page					

BODY-WORN CAMERA FEE SCHEDULE

Research and Redaction Processing* \$25.00 per hour per drive/disc (mimumum 1hr)

8 GB Thumb Drive or 4 GB DVD \$3.00 mailing fee (requires payment in full
(No outside drives/discs accepted) prior to mailing)

Rush Request
(Less than 7 days between request and date needed)

Mailing of Records

* 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 DVD DISC | MAILED OR PICK UP

***If total file size of video exceeds maximum size of 8 GB flash drive or 4 GB 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 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 requestor states that 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: _____ Processing Time: ____ hr(s) ____ min

Date Finished: ____/____/____ Amount Due: \$ _____

Released by: _____ Date: _____ Time: _____

Notes: _____

