

PLATTEVILLE POLICE DEPARTMENT
BODY-WORN CAMERA VIDEO
REQUEST

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

MAILING ADDRESS: 400 Grand Ave, Platteville, CO 80651

PHONE: (970)785-2215

FAX: (7970) 785-2213

EMAIL ADDRESS: PDRECORDS@PLATTEVILLEGOV.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:		Fax:	
		_____ Cell			
		_____ Home			
Requestor's Email Address:			Business Name:		
Requestor's Mailing Address: (Number and Street)			City:	State:	Zip Code:
Requestor's Involvement in Case:		Case Report # or Ticket #:	Name(s) of Person(s) Involved:		Date(s) of Birth:
Victim	Complainant		_____		_____
Witness	Arrestee	_____	_____		_____
Other:	Suspect	_____	_____		_____
<input type="checkbox"/> Please Explain: _____					
Date & Time of Video:		Location:		Name(s) or Badge #'s of Officers Involved:	
Date: _____		Address: _____		_____	
Time: _____ am		City: _____		_____	
Time: _____ pm		Intersection: _____		_____	
<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>					
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Requestor's Signature Needed on the Back of This Page					

BODY-WORN CAMERA FEE SCHEDULE

Research and Redaction Processing*	\$30.00 per hour (1 hour minimum, in addition to cost of drive/disc)
4 GB Thumb Drive or 4 GB DVD (No outside drives/discs accepted)	\$20.00 per drive/disc
Rush Request (Less than 7 days between request and date needed)	\$20.00 *Please check box if needed.
Mailing of Records	\$5.00 (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 Officers 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 4 GB flash drive or 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 Police Dept 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: \$ _____ ___ hr(s) ___ min

Notes:
