

**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:** (970) 785-6113

**EMAIL ADDRESS:** [PDRECORDS@PLATTEVILLEGOV.ORG](mailto:PDRECORDS@PLATTEVILLEGOV.ORG)

<b>Requestor's Name:</b>		<b>Phone Number:</b>		<b>Fax:</b>	
		_____ Cell			
		_____ Home			
<b>Requestor's Email Address:</b>			<b>Business Name:</b>		
<b>Requestor's Mailing Address:</b> (Number and Street)			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Requestor's Involvement in Case:</b>		<b>Case Report # or Ticket #:</b>	<b>Name(s) of Person(s) Involved:</b>		<b>Date(s) of Birth:</b>
Victim	Complainant		_____		_____
Witness	Arrestee	_____	_____		_____
Other:	Suspect	_____	_____		_____
<input type="checkbox"/> Please Explain: _____					
<b>Date &amp; Time of Video:</b>		<b>Location:</b>		<b>Name(s) or Badge #'s of Deputies Involved:</b>	
Date: _____		Address: _____		_____	
Time: _____ am		City: _____		_____	
Time: _____ pm		Intersection: _____		_____	
<p><b>Do you need <u>all</u> of the BWC video related to this incident?</b>      Yes      No      <b>**If NO is selected, please provide a description of the footage you are specifically looking for in the space below.</b></p> <p><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></p>					
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<b>**Requestor's Signature Needed on the Back of This Page**</b>					

## BODY-WORN CAMERA FEE SCHEDULE

Research and Redaction \$30.00 per hour (1 hour minimum, in addition to cost of disc)

Processing\* 4 GB DVD \$15.00 per disc  
 (No outside drives/discs accepted)

Rush Request \$20.00 \*Please check box if needed.  
 (Less than 7 days between request and date needed)

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 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 Department 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:

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