

Eaton Police
Department
224 1st Street
Eaton, CO 80615
(970)454-2212
FAX (970)454-3648

Case Number: _____

**Application for Release of Criminal Justice Records
Body Worn Camera/Video Footage Request**

Person Requesting: _____ Date: _____

Email Address: _____ Phone: _____

Requester's Address: _____

City: _____ State: _____ Zip Code: _____

Please provide a copy of your driver's license for us to confirm your identity.

Requester's Relation to Case: _____

Name(s) of Person(s) Involved: _____

Date(s) of Birth of Person(s) Involved: _____

Date and Time of Video: _____ Location: _____

Do you need all of the body worn camera/video footage related to this incident? Yes No

If **NO**, please provide a description of the footage you are specifically looking for. To process your request as quickly and efficiently as possible, please be as specific as possible in your description. Please refer to the back of this form for information on our fees associated with body worn camera/video requests.

PLEASE COMPLETE THE BACK OF THIS PAGE TO SUBMIT YOUR REQUEST

Fee Schedule

We are not able to release video through email. All video requests will be mailed or can be picked up in person.

Processing body worn camera/video footage requires full playback of each video by the processor before redaction begins. Redactions are completed in accordance with Colorado State Statutes.

Please note that costs for body worn camera footage are multiplied when multiple officers respond to the same incident. Redaction must be completed on each officer's footage from the requested incident if that officer's footage is encompassed within your request.

Initial Research Fee	-	\$20.00 per hour, one hour minimum
Redaction Fee	-	\$45.00 per hour, per recording (not per incident)
8GB Thumb Drive	-	\$8.00 per thumb drive
Mailing Fee	-	Actual Cost

USE OF THIS INFORMATION IS REGULATED BY LAW - DO NOT DISSEMINATE

Note: According to the Colorado Revised Statute 24-72-305.5, records of official action, criminal justice records, or the names addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of directly soliciting business for pecuniary gain. A violation of this section subjects you to misdemeanor charges and upon conviction, a fine of \$100 or 90 days in jail or both.

I affirm that I will not use the records, or any portion of the records requested for the purpose of directly soliciting business for pecuniary gain.

Signature: _____ Date: _____

For Official Use Only:

Received By: _____ ID of Requester Verified: **Y N**

Estimated Amount Due \$ _____ Estimate Sent to Requester: **Y N** Date: _____

Release Authorized: **Y N** Authorized By: _____ Date: _____

Amount Due \$ _____ Date Paid: _____

If No: _____ Other Actions Taken: _____

Was information released? **Y N** Released By: _____ Date: _____