FOUNTAIN POLICE DEPARTMENT

MARK CRISTIANI CHIEF OF POLICE

BODY WORN CAMERA REQUEST

Name:	Date of Birth:	
Address:		
Contact Phone:	Alternate Phone:	
Email:		
Reason for the Request:		
Case Number or Call Number:		
Date / Time of Occurrence:		
Type of Case:		
Known Person(s) Involved:		
Address of Occurrence:		
minimum (\$30) fee, plus the r minimum fee total is \$35. Eac After the <u>non-refundable</u> do provide a summary report to length of videos), at \$30/rec	Redacted - (Blurred video) - (Non-Refundable Deposit) The required research (\$5) for all requests, regardless of overall vectors and its paid, a Fountain Police Department Digital Medito to the requester with the estimated total (based on number orded hour multiplied by three. If the requester approvement will begin the "Blurring" or Redaction process.	video length. This . Additional fees may apply. lia Technician (DMT) will nber of videos, average
A valid government issued	Identification Card or Passport must be presented at tim	າe of request.
request cannot be processed	sed within 21 days of the request. If the BWC request or othe as outlined in Title 24 – Article 72 or Title 19 of the Colorado se pertaining to Criminal Justice Records, the requester will b	Revised Statutes or any
actions and criminal justice record used by any person for the purpose	denial by custodian – use of records to obtain information for solicitals and the names, addresses, telephone numbers, and other information the of soliciting business for pecuniary gain. The official custodian shall minal justice records unless such person signs a statement which affirm of business for pecuniary gain.	n in such records shall not be l deny any person access to
By signing this form, I acknowle	edge that I have read and understand the Colorado Revised Statut	e above.
Signature:	Date:	