

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> <hr/> <hr/> <hr/> <hr/>					
Requestor's Signature Needed on the Back of This Page					

