

**COLUMBUS POLICE DEPARTMENT  
REQUEST  
Body Cam/Police Vehicle Cam**

**Please email or mail this form to:**

[Records@columbus.in.gov](mailto:Records@columbus.in.gov) or  
Columbus Police Department  
123 Washington St.  
Columbus, IN 47201

Requesting Agency / Person: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Initial below:

\_\_\_\_\_ I am requesting a copy of the Body Cam/Police Vehicle footage

**CASE INFORMATION:**

Date/Time of incident: \_\_\_\_\_ / \_\_\_\_\_ Incident Number (if known): \_\_\_\_\_

Type of incident (accident, battery, etc.) \_\_\_\_\_

Specific Location of incident: \_\_\_\_\_

Names of persons involved (must contain at least one individual who was directly involved in the incident – other than a law enforcement officer): \_\_\_\_\_

Your relationship to the person(s) in the video: \_\_\_\_\_ ?

**Video(s) will be provided through a downloadable link sent to the email provided.**

**An Administrative fee not to exceed \$150.00 will be applied for each body cam/in-car video footage.**

**You will be notified in advance of the total cost of all video footage requested.**

**Payment is required in advance of processing and completing this request.**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Direct to: Administrative Lieutenant