

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

Please email or mail this form to
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 Camera footage.

_____ I am requesting a copy of the Police Vehicle camera 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