



# Colorado State University Police Department



## Video, Audio & Photo Request Form

**COST: \$25.00 per item (CD/DVD)**

Please be aware that large requests will require additional processing time. If your request requires more than one (1) hour of processing (first hour is free), we will contact you with an estimate of time required to complete your request. Additional time is billed at a rate of \$30 per hour and payment is required in advance. You will be notified when your request is ready for pick up. Items not picked up within fourteen (14) days will be destroyed.

**INSTRUCTIONS:** (This form must be completed accurately)

Bring or mail this form to the CSU Police Department, 750 S Meridian Ave #6023, Fort Collins, Colorado 80523. You may also fax this form to 970.491.2294 or scan and email to CSUPD\_Records@mail.colostate.edu. The phone number for CSU Police Department is 970.491.6425.

**Your signature** affirms that the requested information will not be used for solicitation of business for monetary or pecuniary gain and acknowledges that such a violation is a misdemeanor and is punishable by a fine and/or imprisonment – C.R.S. 24-72-305.5 & 24-72-309.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Failure to sign will result in request not being fulfilled)

**Body Worn Camera**     **Audio Recordings**     **Video**     **Photo Disk**

Person Requesting Items		Case Number
Person(s) Authorized to Pick Up Requested Items (Photo ID Required at Pickup)		
Nature of Incident (Accident, Assault, Burglary etc.)	Name of Involved Person	
Location of Incident or Accident		
Date and Time of Incident		
Phone Numbers (circle daytime #)	Work:	Cellular:
Driver's License or I.D. Number of Requestor (Mandatory)		
STATE:		
<b>CHECK ONE: I am:</b> <input type="checkbox"/> Victim; <input type="checkbox"/> Arrestee; <input type="checkbox"/> Suspect; <input type="checkbox"/> Witness;		
<input type="checkbox"/> Guardian for _____ <input type="checkbox"/> Attorney for _____ <input type="checkbox"/> Other _____		
<b>TO BE COMPLETED BY CSU POLICE DEPARTMENT PERSONNEL ONLY</b>		
<input type="checkbox"/> No Record Found <input type="checkbox"/> Need More Information <input type="checkbox"/> Copy Released <input type="checkbox"/> Request Denied <input type="checkbox"/> Destroyed		
<b>Fee Due:</b> _____ <b>Today's Date:</b> _____ <b>Date Provided/Destroyed:</b> _____		
Clerk Releasing Report: _____ Remarks: _____		
Requesting Party Notified By: _____ Date: _____ Time: _____		