

**COLUMBUS POLICE DEPARTMENT
REQUEST FOR
VIDEO**

Please mail or fax this form to:

Columbus Police Department
123 Washington St
Columbus Indiana 47201
Fax: 812-376-2649

Requesting Agency / Person: _____ Date: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Select the appropriate check box below:

Request an inspection of the video(s); or

Request a copy of the video(s).

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): _____

What is your relationship to the person(s) in the video: _____

Video(s) will be provided on a CD or DVD unless otherwise requested.

An Administrative fee not to exceed \$150.00 will be applied to each CD/DVD or other storage format.

Received by: _____ Date Received: _____

Direct to: Administrative Captain