

COLUMBUS POLICE DEPARTMENT
Body Cam/Police Vehicle Cam Request Form

Access to Public Records (Act I.C. 5-14-3)

Please Email or Mail this Form to:

Records@columbus.in.gov

OR

Columbus Police Department
123 Washington St. Columbus, IN 47201

Requesting Person/Agency: _____

Date of Request: _____ Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Incident/Report Number: _____ Name & DOB of Involved: _____

Incident Date: _____ Incident Location: _____

Reason for Request: _____

Please Check Which Footage Option You Are Requesting To Receive A Copy Of:

____: ONLY Body Camera footage

____: ONLY Police Vehicle Camera footage

____: Body Camera footage AND Police Vehicle Camera footage

- Video(s) will be provided through a downloadable link sent to the email provided.
- An administrative fee of up to \$150.00 will be applied to **EACH** individual Body Cam & Vehicle Cam video.
 - You will be invoiced for the total cost of all video footage requested.
 - Payment is required prior to the completion of this request.

For Office Use Only:

Date Received: _____ Received By: _____

Date Acknowledged: _____ Request #: _____