FOUNTAIN POLICE DEPARTMENT

MARK CRISTIANI CHIEF OF POLICE

BODY WORN CAMERA REQUEST

Name	Contact Phone
Address	Alternate Contact Phone
Reason for request/Relationship to incident_	
EMAIL ADDRESS	
Date/Time of Occurrence	
Type of Case	
	<u> </u>
Records of official actions and criminal justice reco other information in such records shall not be used pecuniary gain. The official custodian shall deny a	an – use of records to obtain information for solicitation, ords and the names, addresses, telephone numbers, and if by any person for the purpose of soliciting business for my person access to records of official actions and criminal ent which affirms that such records shall not be used for the
By signing this form I acknowledge that I have read	d and understand the Colorado Revised Statute above.
Signature	Date

* PAYMENT DUE AT TIME OF REQUEST*