



El Paso County Sheriff's Office

Sheriff Joseph J. Roybal



BODY WORN CAMERA VIDEO REQUEST & RETENTION
PHONE: 719-520-7177 FAX: 719-520-7171
SHRRecordsBWC@elpasoco.com

To request a copy of Body Worn Camera video, please provide the following information:

Body worn camera footage from an incident: Case#/CFS #: _____

If you have had contact with an EPSO member, and you believe there may be video, you must request the retention of that video, otherwise the video will be retained in accordance with the retention schedule approved by EPSO policy and the Office of the District Attorney. Please be advised that you must request retention within 45 calendar days of the incident.

THERE IS NO COST FOR RETENTION OF VIDEO

Date of Request: _____

Your Name: _____ Agency/Business: _____

Your Address: _____

Phone: _____ Work Phone: _____

Email Address: _____
(videos will be sent to this email address unless otherwise specified)

BRIEF DESCRIPTION OF LAW ENFORCEMENT CONTACT:

Approximate Date (day/month/year): _____ Approximate Time: _____

Name of Deputy or Badge Number (if you have it): _____

Address of Occurrence: _____

Involved Parties/Description of Incident: _____

A member of the Records BWC team will be in touch regarding an estimated cost of your request.