



El Paso County Sheriff's Office



PHONE: 719-520-7177 FAX: 719-520-7171
BODY WORN CAMERA VIDEO RETENTION

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. To see retention schedule, click [HERE](#).

THERE IS NO COST FOR RETENTION OF VIDEO. PLEASE BE ADVISED THAT ONCE YOUR REQUEST IS RECEIVED, THE VIDEO WILL BE RETAINED FOR TWO CALENDAR YEARS FROM THE DATE OF INCIDENT.

Date of Request: _____

Your Name: _____

Your Address: _____

Home Phone: _____ Work Phone: _____

BRIEF DESCRIPTION OF LAW ENFORCEMENT CONTACT:

Day / Month / Year: _____

Approximate Time: _____

Name of Law Enforcement Officer or Badge Number (If you have it) _____

Description of Incident: _____

Reason for Retention Request: _____

For Records Use Only:

Received by: _____

Date / Time: _____

Actions Taken: _____

Confirmation Sent to Requestor: _____

