



REQUEST FOR RECORDS

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Case Number: _____

Please give a brief description of the report you are requesting (i.e. accident, location, date, etc.):

If this request is for a report that involved someone other than yourself, please provide the following: Name: _____ Date of Birth: _____

CRS 24-72-305.5 Access to records-denial by custodian-use of records to obtain information for solicitation.

Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

CRS 24-72-309 Violation-Penalty

Any person who willfully and knowingly violates the provisions of this part 3 is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than one hundred dollars, or by imprisonment in the county jail for not more than ninety days, or by both such fine and imprisonment.

By signing this form, I acknowledge that I have read and understand the above Colorado Revised State Statutes

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Document Released:

____ Clearance Letter
____ Call Statistics
____ JPD History
____ Photos

____ Traffic Accident
____ Statements
____ Crime Statistics
____ Other

____ Custody / Arrest
____ Offense / Incident
____ Audio / Video

Denial of Inspection:

Reason For Denial (check appropriate)

____ Contrary to State Statute
____ Prohibited by Rules or Order of Court
____ Contrary to Public Interest
____ Other _____

Records Custodian/Releasing Officer Signature _____

Date: _____ Time: _____ a.m./p.m. Number of Pages _____

Amount Due \$ _____ Fee Waived _____