



REQUEST FOR RECORDS

Date of Request Report Number Phone Number

Report deposit due at time of request, \$3.00 Non-refundable Remaining, \$

Body Camera deposit due at time of request, \$25.00 Non-refundable Remaining, \$

Please fill in the information requested below as completely as possible. Incomplete information may cause a delay in the successful retrieval of the requested incident report.

Person named in report DOB

Address of this person City/State

Date of Incident Nature of Incident

Name of Requester Relationship

24-74-305.5 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 PERSONS 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.

Once a record request has been made and completed, the requester is obligated to pick up record within 30 days.

By checking the box, I acknowledge that I have read and understand the above Colorado Revised Statutes.

(ONLINE REQUEST ONLY) Date

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

Applicant's signature Date

Below fields are for office use only

Copy Furnished... Date Time Custodian Signature

Flex Dissemination Completed Custodian Signature

Denial of Inspection Date Time

() Contrary to State Statute () Prohibited by rules or order of the Court

() Contrary to Public Interest () Other

Date: Time: By: Contact Y N MSG

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