



RECORDS REQUEST

Please print clearly

Date/Time of Request: _____

Requestor Name: _____

Requestor Company/Agency: _____

Requestor Address: _____

Requestor Phone Number: _____

Requestor Email Address: _____

Requestor Driver's License # State: _____

Case Number: _____

Date/Time of Incident: _____

Location of Incident: _____

Name of Party Involved: _____ DOB: _____

Name of Party Involved: _____ DOB: _____

Reports Requested:

- Accident Report
- Criminal/Incident Report
- Citation/Ticket
- Booking Card
- Booking Photo
- Photos
- Dispatch Tapes
- Body worn Camera
- In-Car Video
- Jail Medical
- Jail Video
- Other: _____

I affirm this copy of record and/or booking photo shall not be used for the direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of Requesting Party: _____

****Please note we will contact you within 72 business hours to verify receipt of request***

If records are not picked up within 21 business days of completion notification, the records will be destroyed, and a new request will be required to be completed.

For office use only: to be completed on the back side of request

For office use only:

Description of what was Released: _____

Reason for Denial: _____

Time: _____ Fee charged: _____ Method of payment: _____

Request Accepted by: _____ Date _____

Request Processed by: _____ Date _____