

Application for Release of Criminal Justice Records

Report Release

Case Number: _____

Person Requesting: _____ Date: _____

Requester's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Additional Information:

Date and Time of Incident: _____ Location of Incident: _____

Person the Report Involves: _____ DOB: _____

Other Remarks: _____

USE OF THIS INFORMATION IS REGULATED BY LAW—DO NOT DISSEMINATE

Note: According to the Colorado Revised Statute 24-72-305.5, records of official action, criminal justice records, or the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of directly soliciting business for pecuniary gain. A violation of this section subjects you to misdemeanor charges and upon conviction, a fine of \$100 or 90 days in jail or both.

I affirm that I will not use the records, or any portion of the records requested for the purpose of directly soliciting business for pecuniary gain.

Signature: _____ Date: _____

Received By: _____

For Official Use Only:

ID of Requester Verified

Estimated Amount Due \$ _____ Estimate Sent to Requester: **Y N** Date: _____

Comments: _____

Release Authorized: **Y N** Authorized By: _____ Date: _____

Amount Due \$ _____ Date Paid _____

If No: _____ Other Actions Taken: _____

Released By: _____ Date: _____