



Carbondale Police Department
511 Colorado Ave., Ste 911
Carbondale, CO 81623

Records Request Form

Please fill out this form completely. Make checks payable to **Carbondale Police Department**. Pre-payment by cash or check is required before any records will be released. A signature is required for the request to be processed. Return form by email (cpd@carbondalecto.net), mail, fax (970-963-3802) or in person to the Carbondale Police Department, 511 Colorado Ave., Ste 911, Carbondale, CO 81623. Please allow three business days for the request to be processed. If you have any questions, contact the Carbondale Police Department at 970-963-2662.

FEES: Accident Report: \$10.00
Records Search: \$10.00, plus .25 per page
Personnel Time: \$20.00 per hour

Report Number: _____ **Date of Request:** _____ **Date of Incident:** _____

Nature of Incident: _____ **Location:** _____

Requestor's Name: _____ **Phone:** _____

Requester's DOB: _____ **Documents Requested:** _____

Party(ies) Involved: _____ **DOB(s):** _____

Relationship: _____

Colorado Revised Statute 24-72-305.5, Access to records-denial by custodian-use of records to obtain information for solicitation. (1) 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 of 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.

Colorado Revised Statute 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 affirm that I have read and will comply with the above referenced Colorado Revised Statutes.

Requestor's Signature _____ **Date** _____

I wish to have this information: Mailed Emailed Faxed Picked-Up

Official Use Only: _____ I.D Verified _____ Approved _____ Denied Reason for Denial: _____ Date Received: _____ Fee: _____ Date Completed: _____ Staff Intitals _____
