

# FOWLER POLICE DEPARTMENT

## CRIMINAL JUSTICE RECORDS REQUEST FORM

114 E CRANSTON AVE FOWLER, CO 81039/OFFICE (719) 263-5161 / DISPATCH (719) 254-3322

Report # \_\_\_\_\_

Name: _____	DOB: ____/____/____
(Please Print)	
Address: _____	_____
(Street)	(City) (State) (Zip)
Phone # _____	_____
Agency or Relationship to : (Victim, Suspect, etc.)	

Date of Incident: ____/____/____	Incident Address: _____
Involving – NAME: _____	Address: _____
Purpose for requesting report: _____	
_____	
_____	

PLEASE CHECK BOX BELOW NEXT TO THE RECORD BEING REQUESTED:	
<input type="checkbox"/> Report - \$.25 a page	<input type="checkbox"/> Traffic Accident - \$.25 a page
NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE	
Search and retrieval fees: \$30.00 per hour after first hour	

**FILL IN AS MUCH AS POSSIBLE ON THIS FORM TO ENSURE YOU RECEIVE THE CORRECT REQUESTED INFORMATION**

**\*\*\*THIS FORM MUST BE SIGNED\*\*\***

Note: According to the Colorado Revised Statute 24-73-305.5, records of official action, criminal justice records, or the names, address, 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 Records Custodian shall deny any person access to records of official action and criminal justice records unless such person signs a statement which affirms that such record shall not be used for the direct solicitation of business for pecuniary gain.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Official Use Only</b>	ID Verified: Yes [ ] No [ ] Drivers License # _____
Applicant notified: By Phone [ ] By email [ ] In Person [ ]	amount paid \$ _____
Date Notified: _____	
Date Released: _____	