



Fort Collins Police Services
PO Box 580
2221 S. Timberline Rd
Fort Collins, CO 80521
Phone: (970)221-6540 option 1
Email: policerecordsrequest@fcgov.com

Request for Criminal Justice Records

Date of Request: _____

Name of Requestor: _____ Phone #: _____

Address: _____ Email: _____

*****According to 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 soliciting business for pecuniary gain. A violation of this section subjects you to misdemeanor charges and upon conviction, a fine of \$100 and/or 90 days in jail. By signing below, I affirm that I will not use the records, or any portion of the records requested for the purpose of soliciting business for pecuniary gain.**

Signature Required: _____ *Chief of Police* Date: _____

Complete Appropriate Section for Records Requested: In accordance with Colorado Revised Statutes, 19-1-301 through 304, concerning Children's Code Records and Information Act and 24-72-201 through 206, concerning Inspection, Copying and Photographing Public Records, and 24-72-301 through 24-72-309 concerning Criminal Justice Records, FCPS will provide, for public inspection, records in the custody of the agency which are legally allowed within the provision of the above referenced statutes. FCPS is authorizing dissemination ONLY to the below requestor in accordance with C.R.S. 24-72-304, secondary dissemination may violate this statute and will not be the responsibility of the agency. To request a copy of a record you MUST complete this form, which will be retained in the file of the requested record. All requests are processed as soon as possible, but may take up to 7 working days. Such period may be extended if extenuating circumstances exist such as the request is for an inactive file; an unusually large request or the records need to be reviewed by administration. Your request may require approval through the District Attorney's Office or City Attorney's Office. Should your request be denied, you may request a written explanation as to why. The fee shall be as detailed below, unless actual costs exceed that amount, in which case actual costs may be charged. Actual costs include staff time. Any fees charged in this policy shall include the cost of redacting documents to excise privileged material. Fees may be waived or reduced with prior approval of the Chief of Police.

Case/Incident # _____ Incident Date/Time: _____

Incident Location or Type of Incident: _____

Person Involved: Name: _____ DOB: _____

Please Mark Type of Records Requested: Payment types accepted: Cash, check or credit card

Case Reports, Calls for Service (CAD report), Other Records: Copy cost .25 per page. **Plus:** Research, retrieval, redaction, copy fee is \$30 per hour or \$8.00 minimum for one quarter hour. **A non-refundable deposit is required at the time of request based on an estimation of copy cost and time required.**

Location/address search (Exact Address): _____ Date Range: _____

911/Dispatch Recordings: Research, retrieval, redaction, copy fee is \$30 per hour or \$25 minimum per CD/DVD (**payment required in advance to making copies**).
Description of item(s) Requested: _____

CD/DVD – Evidence Digital Media, Photos, Videos: Research, retrieval, redaction, creation fee is \$30 per hour or \$25 minimum per CD/DVD (**payment required in advance to making copies**).
Description of item(s) Requested: _____

Certification Letter: \$5 plus copy of report

Background Check – Search consists of arrests, citations or reports made with FCPS only. Requestor must have full name and date of birth of individual being searched. Fee is \$8.00 minimum for one quarter hour plus .25 per page.

Other Records: _____

******Records not picked up within 21 days of requestor being notified, will be destroyed.**

For Official Use Only: Estimated Cost: \$ _____ Total Cost: \$ _____ Deposit Paid: \$ _____ Amount Due at Release: \$ _____

ID Verified _____ Yes _____ No _____ DL # _____

Records/Items Released: _____

Reason for Denial or Not Charged: _____

Prepared by: _____ Released by: _____ Authorized by: _____ Date Requestor Notified: _____ Date Released: _____
(FCC# Initials) (FCC# Initials) (FCC# Initials)