



Pagosa Springs Police Department

551 Hot Springs Blvd., PO Box 1859
Pagosa Springs, CO 81147
970.264.4151 x228
970.264.4077 fax

Application for Release/Inspection of Criminal Justice Record

DATE: _____

TO: Records Custodian, Pagosa Springs Police Department

Print Name _____ Phone _____

Address _____

- Request the release of:
- ☐ Records of Official Action (Local Record Check) - No Charge
 - ☐ Criminal Justice Records - Fees are \$5.00 up to 5 pages plus \$0.25 each addl. page
 - ☐ Accident Report - Fees are \$2.50 up to 5 pages plus \$0.25 each addl. page

The following questions are requested in order to identify the proper record:

Incident/Report Number _____ Date _____ Time _____

Location of Incident/Accident _____

Person the report involves _____ Date of Birth _____

Address _____

Other Information _____

NOTE: Per Colorado Revised Statute 24-72-305.5, records of official action 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 for 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.

I have inspected and/or received copies of the above report. I affirm that the names, addresses, telephone numbers and any other information in this record shall not be used for the purpose of soliciting business for pecuniary gain.

Signature _____ Date _____

Signature of Records Custodian/Designee _____ Date _____

Official Use Only

ID Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. Pages	_____	\$	_____
Search While Applicant Waited	<input type="checkbox"/> Yes <input type="checkbox"/> No	Delayed Search	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Applicant Notified of Denial by	<input type="checkbox"/> Phone <input type="checkbox"/> In-Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> E-Mail				
Reason of Denial	_____						