



# 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

Requestor's Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

- Request the release of:
- Records of Official Action (Local Record Check Name and Charge Description) - No Charge
  - Criminal Justice Records - Fees are \$5.00 up to 5 pages plus \$0.25 each addl. page
  - Accident Report - Fees are \$5.00 up to 5 pages plus \$0.25 each addl. page
  - Body Camera Video - Fees are \$33.58 per hour for redaction, plus \$15.00 per USB drive

The following questions are requested to identify the proper record:

Incident/Report Number \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident/Accident \_\_\_\_\_

Person the report involves \_\_\_\_\_ Date of Birth \_\_\_\_\_

Summary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

**Requestor(s) Involvement:**  victim  witness  suspect  complainant  arrestee  other

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_