



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

Today's Date: \_\_\_\_\_

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

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_

- Request the release of: [ ] Records of Official Action (Local Record Name Check 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.

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 [ ] Yes [ ] No Inspection Granted: No. Pages \_\_\_ \$ \_\_\_
Search While Applicant Waited [ ] Yes [ ] No Delayed Search
Applicant Notified of Denial by [ ] Email [ ] In-Person [ ] Mail
Reason of Denial:
\_\_\_\_\_
\_\_\_\_\_