



REQUEST FOR RECORDS

Date of Request: _____ Silt PD Incident Number (*If known*): _____
Name of Requestor: _____ DOB: _____
ID State: _____ ID Number: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone Number: _____ Email Address: _____

Request the release of: (*Check all that apply*)

<input type="checkbox"/>	Records of Official Action (<i>Records check</i>)	<input type="checkbox"/>	Other Criminal Justice Records
<input type="checkbox"/>	Police Report (<i>Incident and/or Case</i>)	<input type="checkbox"/>	Traffic Accident Report

FEEES FOR COPIES

Case/Incident Report	\$15
Accident Report	\$10
Records Check	\$15
Document Copies	\$0.25/page

Research Fee (after 1 st hour)	\$33/hour
Digital Evidence: Video, Audio, Photos, or Body Worn Camera	
*If provided on USB (price per USB used)	\$30/each
*If provided via email	\$20

The following information is requested to identify the proper record(s):

Date of Incident: _____ Time of Incident: _____
Nature of Incident: _____
Location of Incident: _____
Person(s) Involved: _____

NOTE: According to Colorado Revised Statutes 24-72-305.5, records of official action, criminal justice records, or the names, addresses, telephone number, 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 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 affirm that the name(s), address(es), telephone number(s) and any other information in this record shall not be used for the purpose of soliciting business for pecuniary gain.

Applicant's Signature: _____ Date: _____

Once completed please email to our Records Clerk: hope@townofsilt.org

OFFICE USE ONLY			
ID Verified	[] Yes [] No	Inspection Granted	[] Yes [] No
Search while applicant waited	[] Yes [] No	Delayed Search	[] Yes [] No
Number of pages released: _____	Total Amount Due: \$ _____		
Delivered: [] In person [] Email _____	[] Sent via USPS		
If inspection denied, reason: _____			
Applicant notified of denial by: [] Phone [] In-person [] By mail [] Email			
Records Tech signature: _____	Date: _____		