



P.O. Box 5010 .130 Kearns Road
Snowmass Village, CO 81615
970.923.5330 .Fax 970.923.5867

CRIMINAL JUSTICE RECORDS REQUEST FORM

This form should be used to request reports for incidents which occurred within the TOWN OF SNOWMASS VILLAGE and involved Snowmass Village Police Officers.

Name of Requester : _____ Phone : _____
Address: _____ City: _____ State _____ Zip _____
Email: _____

Reports are emailed unless otherwise noted. Mail Pick Up _____ Fax : _____

****According to Colorado Revised Statute 24-72-305.5, records of official action, 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.

By signing below, I affirm that I will not use the records, or any information in such records requested for the purpose of soliciting business for pecuniary gains.

No reports will be released without a signed and completed request form and payment of the appropriate fees. Please provide as much of the following information at possible.

Signature REQUIRED _____ DATE: _____

Complete Appropriate Section for Records Requested: SMVPD is authorizing dissemination ONLY to the above requestor in accordance with C.R.S. 24-72- 303 and 304, secondary dissemination may violate this statute and will not be the responsibility of the agency.

Release of records of official action and criminal justice records is dependent on a variety of circumstances, including but not limited to type of report, status of investigation, and ages of individuals involved in the case. Colorado state statutes prohibit the release of certain case reports or information relating to at-risk adults, juveniles, victims of crime and on-going police investigations. Reports will be reviewed by appropriate personnel to determine if reports can be released. In some instances, the released report may have information redacted.

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 3 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 Town 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: _____

Accident Report	\$7.00 plus \$.25/page Available online for \$5.00 at crashdocs.org	Criminal/Civil Report	\$7.00 plus \$.25/page
		Background Check :	\$10.00
		(Search consists of arrests, citations or reports made with SMVPD only. Requestor must have full name and dob)	
Archive Search: (not within the calender year)	\$25.00 plus \$.25/page	Digital Media: Videos,Pictures,BWC Research, re- trieval, redaction, creation fee	\$30.00/ hour (minimum of 1 hour)
			Total Due _____

Official Use Only

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I.D Verified Yes _____ No _____ Paid _____ Reason for Denial _____