

TOWN OF ELIZABETH

ELIZABETH POLICE DEPARTMENT RECORDS SEARCH/INFORMATION REQUEST

PLEASE PRINT

| PLEASE PRINT | | | | |
|---|---|--|---|---|
| Name of person | requesting information: | | | |
| Address: | (| City: | State: | Zip: |
| Phone number: | | Work/Cell number | :r: | |
| Email: | | Date of Birth: | | |
| ID Presented: | Driver's License #: | | S | State: |
| Law Enforcement/ | Criminal Justice Agency: | | | |
| Date of request: | | Time of request: | | |
| and 24-72-301 through 30 the Police Department that the records. Per the State to be reviewed by the E prior to the end of the threquests may require us only release reports creat To request a copy | plorado Revised Statutes, 24-72-20 19 concerning Criminal Justice Record at are legally allowed within the provise of Colorado Open Records Act (C lizabeth Police Department Administrated period of any extension and a to refer you to the District Attended by the Elizabeth Police Department of a record, you MUST Indicate the information you | Is, the Elizabeth Police Depa sion of the above referenced .R.S. 24-72-203), if the req stration, an extension of se all estimated costs. A modifi- orney and/or the Courts of truent personnel. Please pro- | rtment will provide, for statutes. Please allow the uest is for an inactive ven (7) working days location of the request is for information that wide a copy of your driving, which is then | r the public, records in the custody of hree (3) working days for a search of file, is substantially large or needs is permitted. You will be notified a considered a new request. Some we are unable to provide. We wer's license with this application. |
| • | REQUESTED: Please check | | | |
| | Report #: | | | |
| | n/CR #: | | | |
| Sex Offender | List Criminal H | istory Letter/Backgro | ound Check | |
| Other (Specify | y) | | | |
| Name of Party Inve | olved in Report: | | | |
| Sex: DOB: | (Last) Incid | lent Date/Time: | (First) | (Middle) |
| Type of Incident: _ | Reas | son for Request: | | |
| I understand that Co | olorado law prohibits me from records for the purpose of solid | n using records of officiting business for pecu | cial action and criminary gain. | minal justice records and the |
| | affirm that the records I obtain business for pecuniary gain. | in as a result of this C | pen Records Requ | uest shall not be used for the |
| Print Name | Signature | | | Date |



TOWN OF ELIZABETH

Staff will provide an estimate for any research time and copies involved, and a 50% to 100% deposit will be required prior to processing the request.

| Amount of deposi | t required: \$ | | | |
|---|-----------------------------------|-------------------|--|--|
| Charges: | | | | |
| C | copies @ \$0.25/page | \$ | | |
| | color copies @ \$0.35/page | \$ | | |
| | VIN @ \$5.00/non-resident | \$ | | |
| | VIN @ No Charge/resident | \$ | | |
| | digital copies @ \$5.00/disc | \$ | | |
| | digital copies @ \$10.00/stick | \$ | | |
| | certified copy @ \$5.00/report | \$ | | |
| | digital photos @ \$5.00/report | \$ | | |
| | portable breath test @ \$5.00 ea. | \$ | | |
| Audio recording: | sex offender report @ No Charge | \$ \$ | | |
| | hours x \$30.00 per hour | | | |
| Video recording: hours x \$30.00 per hour | | \$ | | |
| | hours x \$30.00 per hour | \$ | | |
| | | 1\$ | | |
| Please see Fee Schede | | | | |
| | 1 | | | |
| | | | | |
| Elizabeth Police Department | | Processed By: | | |
| 425 S. Main Stree | t | Date of response: | | |
| P O Box 1527 | | Time of response: | | |
| Elizabeth, Co. 801 | 107 | | | |
| 303-646-4664 | | | | |