



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 deposit required: \$ _____

Charges:

_____	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.	\$ _____
_____	sex offender report @ No Charge	\$ _____
Audio recording:	_____ hours x \$30.00 per hour	\$ _____
Video recording:	_____ hours x \$30.00 per hour	\$ _____
Research:	_____ hours x \$30.00 per hour	\$ _____
	Total	\$ _____

Please see Fee Schedule for fee details

Reasons for any denial of request:

Elizabeth Police Department
425 S. Main Street
P O Box 1527
Elizabeth, Co. 80107
303-646-4664

Processed By: _____
Date of response: _____
Time of response: _____