

**CITY OF ALAMOSA – POLICE DEPARTMENT
PUBLIC RECORDS REQUEST**

PLEASE PRINT

Name: _____ Date of Request: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

Instructions:

Indicate the information you desire and/or list each requested document. Please be as specific as possible. Allow three (3) working days for a search of the records. Per the
O # # K k #ko
State of Colorado Open Records ACT (C.R.S. 24-72-203). If the request is substantially large or is maintained off-site, an extension of seven (7) working days is permitted. You will be notified within three (3) days of any extension and all estimated costs.

C.R.S. 27-72-305.5 – Access to records – denial by custodian – use of records to obtain information. 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. 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.

Please select the format in which you would like to receive materials:

- View only, no copies requested. (Charges may still apply @ 25 cents per page)
*Appropriate personnel will be scheduled to accompany you during viewing.
- Hard Copies/print outs
- CD/DVD
- Email* Not all documents are available electronically. Data manipulation fees may apply.

Please select the method that you prefer for notification when the records are available:

- U.S. First Class Mail
- I will pick up the records. Contact me by: Mail Phone Email
- Email (if records are available electronically) If records are not available by email, please specify an alternative method: _____

For Staff Use Only

Incident#: _____

Received by: _____

Date/Time: _____

Estimated Charges:

Hard copy: _____ copies @ 25 cents per page _____

CD/DVD: _____ copies @ \$20.00 each _____

Other: _____ _____

Retrieval and research: _____ hours x \$ _____ per hour = \$ _____ Total

Deposit required: \$ _____

For city residents, one half of the estimated total, if in excess of \$10.00

For non-city residents, 100% of the estimated total, if in excess of \$10.00

I agree to pay the charges incurred in processing this request pursuant to the schedule of fees and charges currently in place, including if necessary, any amounts exceeding the estimates set fourth above. This request will be considered received when this form is complete and the deposit is paid. If no deposit is required, the request shall be considered received upon by the Records Custodian.

I affirm that I shall not use the requested information to direct solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 Misdemeanor under C.R.S. 24-72-309.

Signature of requestor

date/time of request

Request completed by: _____ date: _____

Method of delivery: _____

Request denied by: _____ date: _____

Reason(s) for denial:

