448 E 1st Street
Salida, CO 81201
719-539-2618
records@salidapolice.com

RECORDS REQUEST

Name of person requesting information _____
Address_____City_____ State_____Zip_____
Phone Number_____ Work/Cell Number _____
Email _____ Date of Birth _____
ID Presented_____ Driver's License # _____ State _____
Law Enforcement/Criminal Justice Agency _____
Date of Request_____ Time of Request _____

In accordance with Colorado Revised Statutes, 24-72-201 through 206 concerning Inspection, Copying, Photographing Public Records, and 24-72-301 through 309 concerning Criminal Justice Records, the Salida Police Department will provide, for the public, records in the custody of the Police Department that are legally allowed within the provision of the above referenced statutes. Please allow three (3) working days for a search of the records. Per the State of Colorado Open Records Act (C.R.S. 24-72-203), if the request is for an inactive file, is substantially large or needs to be reviewed by the Salida Police Department Administration, an extension of seven (7) working days is permitted. You will be notified prior to the end of the three-day period of any extension and all estimated costs. A modification of the request is considered a new request. Some requests may require us to refer you to the District Attorney and/or the Courts for information that we are unable to provide. We only release reports created by the Salida Police Department personnel. Please provide a copy of your driver's license with this application.

INFORMATION REQUESTED: Please check appropriate box and indicate Case Numbers where applicable

☐ Criminal Case Report # _____ ☐ DUI Report # _____
☐ Traffic Citation/ CR# _____ ☐ Accident Report # _____
☐ Other (specify) _____
Name of Party Involved in Report: _____
Sex:_____ DOB: _____ Incident Date/Time: _____
Type of Incident: _____ Reason for Request: _____

I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such a violation is a Class 3 Misdemeanor under C.R.S. 24-73-309

_____	_____	_____
Print Name	**Signature**	**Date**

Estimate or Actual Cost

Police Reports**:** $5 for the first 5 pages $0.25 each additional page

# Copies _____	($0.25/page)	_____
Traffic Accident	$7.50	_____
CD's	$20	_____
Video	$33.50/Hour	_____
Copy of Citation	$5	_____
Jump Drive	$20	_____
Fax	$2.00/(15) Pages	_____
Research Hours _____	$30/Hr after 1st Hr	_____
	Total Charges	$ 0.00

If this request pertains to a current CRIMINAL CASE: Please submit your request through the Discovery Process with the District Attorney's Office.

For Office Use Only:

Date Received _____ Processed By _____ Date of Response _____
Time of Response _____ Amount Paid _____ Approved_____
Denied (reason): ☐ Contrary to State Statute ☐ Prohibited by Order of the Court ☐ Contrary to Public Interest