

**Request for Court Records**

**Fort Collins Municipal Court  
P.O. Box 580  
Fort Collins, CO 80522-0580  
Fax No.: (970) 416-2162**

I, \_\_\_\_\_, request to inspect the Record(s) of Official Action identified below.  
Date of Request: \_\_\_\_\_

Please select one of the following options for type of record to be received:

- Electronic History Printout (24 hour minimum)
- Copy of Official Paper Record (72 hour minimum)

*The following information is needed to identify the correct record.*

Case or citation #: \_\_\_\_\_  
Defendant name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Requestor's Information:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**According to Colorado Revised Statute 24-72-305.5, records of official action, criminal justice records, or 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. A violation of this section subjects you to misdemeanor charges and upon conviction, a fine of \$100 or 90 days in jail or both.**

**Limitations on Juvenile Records will apply.**

I affirm that I will not use the records, or any portion of the records requested for the purpose of soliciting business for pecuniary gain.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

- Will pick up
- Fax to: \_\_\_\_\_
- Email to: \_\_\_\_\_
- Mail to: \_\_\_\_\_

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**For Official Use Only**

I.D. Verified  Yes  No      Number of pages released \_\_\_\_\_  
Record Released  Yes  No      Total \$ Amount Charged \_\_\_\_\_  
No Record Found       Date Paid: \_\_\_\_\_  
Record Release Denied  – Attach Denial form:  
If not immediately available: date will be available \_\_\_\_\_  
Clerk Initials \_\_\_\_\_