



# FORT COLLINS POLICE

Fort Collins Police Services  
PO Box 580  
2221 S. Timberline Rd  
Fort Collins, CO 80521  
Phone: (970)221-6540 option 5  
Email: policerecordsrequest@fcgov.com

## Request for Criminal Justice Records

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

*\*\*\*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 and/or 90 days in jail. By signing below, 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 Required: \_\_\_\_\_

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

**Complete Appropriate Section for Records Requested:** In accordance with Colorado Revised Statutes, 19-1-301 through 304, concerning Children's Code Records and Information Act and 24-72-201 through 206, concerning Inspection, Copying and Photographing Public Records, and 24-72-301 through 24-72-309 concerning Criminal Justice Records, FCPS will provide, for public inspection, records in the custody of the agency which are legally allowed within the provision of the above referenced statutes. FCPS is authorizing dissemination ONLY to the below requestor in accordance with C.R.S. 24-72-304, secondary dissemination may violate this statute and will not be the responsibility of the agency. To request a copy of a record you MUST complete this form, which will be retained in the file of the requested record. All requests are processed as soon as possible, but may take up to 7 working days. Such period may be extended if extenuating circumstances exist such as the request is for an inactive file; an unusually large request or the records need to be reviewed by administration. Your request may require approval through the District Attorney's Office or City Attorney's Office. Should your request be denied, you may request a written explanation as to why. The fee shall be as detailed below, unless actual costs exceed that amount, in which case actual costs may be charged. Actual costs include staff time. Any fees charged in this policy shall include the cost of redacting documents to excise privileged material. Fees may be waived or reduced with prior approval of the Chief of Police.

Case/Incident # \_\_\_\_\_

Incident Date/Time: \_\_\_\_\_

Incident Location or Type of Incident: \_\_\_\_\_

Person Involved: Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please Mark Type of Records Requested: Payment types accepted: Cash, check or credit card

- Case Reports, Calls for Service (CAD report), Other Records: Copy cost .25 per page. **Plus: Research, retrieval, redaction, copy fee is \$30 per hour or \$8.00 minimum for one quarter hour. A non-refundable deposit is required at the time of request based on an estimation of copy cost and time required.**
- Location/address search, \$8.00 per search (Exact Address): \_\_\_\_\_ Date Range: \_\_\_\_\_
- 911/Dispatch Recordings: Research, retrieval, redaction, copy fee is \$30 per hour or \$25 minimum per request (payment required in advance to making copies).**  
Description of item(s) Requested: \_\_\_\_\_
- Evidence Digital Media, Photos, Videos: Research, retrieval, redaction, creation fee is \$30 per hour or \$25 per request. CD/DVD/Electronic Secure File Share (payment required in advance to making copies).  
Description of item(s) Requested: \_\_\_\_\_
- Digital Storage Device Fee - \$5 per device (USB Flash Drive, CD/DVD): Number of devices depends on size of items requested.
- Certification Letter: \$5.00 plus copy of report
- Background Check – Search consists of arrests, citations or reports made with FCPS only. Requestor must have full name and date of birth of individual being searched. Fee is \$8.00 minimum for one quarter hour plus .25 per page.  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- Other Records: \_\_\_\_\_

**\*\*\*Records not picked up within 21 days of requestor being notified, will be destroyed and deposit forfeited.**

For Official Use Only: Estimated Cost: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_ Deposit Paid: \$ \_\_\_\_\_ Amount Due at Release: \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_

ID Verified \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ DL # \_\_\_\_\_

Records/Items Released: \_\_\_\_\_

Reason for Denial or Not Charged: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Released by: \_\_\_\_\_ Authorized by: \_\_\_\_\_ Date Requestor Notified: \_\_\_\_\_ Date Released: \_\_\_\_\_  
(FCC# Initials) (FCC# Initials) (FCC# Initials)