FORT MORGAN POLICE DEPARTMENT

901 EAST BEAVER AVENUE
FORT MORGAN, COLORADO 80701
Phone: 970-542-3930 Fax: 970-542-3946

Print Form

REQUEST FOR RELEASE/INSPECTION OF CRIMINAL JUSTICE RECORDS

PLEASE FILL OUT THE APPROPRIATE SECTION(S) AS COMPLETE AS POSSIBLE TO ASSURE THAT YOU RECEIVE THE PROPER REPORT

Your Name _____ Primary Phone # _____ Alternative Phone # _____

Your Address, City, State, Zip _____

Please provide an English-speaking contact if needed: (Name/Phone Number) _____

Are you related to the subject of the report you are requesting? ☐ Yes ☐ No ☐ Other _____

Payment of initial fee is required at the time of the request. If additional fees are required, you will be contacted. When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

☐ ***TRAFFIC ACCIDENT REPORT*** - $1.00 per report. (This fee does not include pictures and/or the incident reports.)

Name/Names of the Drivers of the Vehicles Involved in the Accident _____

Call for Service/Case Number _____ Date/Time of Accident _____ Location of Traffic Accident _____

☐ ***POLICE REPORT*** **-** $3.00 per report. (Fee includes the first 5 pages of the report and the first 15 minutes of clerical search and retrieval. Additional fees may apply if the number of pages exceeds five and more than fifteen minutes are required to provide the requested report.)

☐ *Photos* - .50¢ per picture or $10.00 per CD/DVD per report. ☐ *Certified Copies* - $1.25 per report.

Name of the Subject of the Report _____ Date of Birth _____ Location where the Incident Occurred _____

Call for Service/Case Number _____ Date/Time of the Incident _____ Name of Fort Morgan Police Officer(s) who took the Report _____

Describe the Incident: _____

☐ ***BACKGROUND CHECK*** - $15.00 (This includes records of official action, for example: arrests, traffic citations, other citations, etc.)

Full Legal Name: _____ Date of Birth: _____

I affirm that I will not use any information in the requested record(s) to harass, annoy, or intimidate, any person named in the record(s) or violate any court orders or laws regarding this or any related matter. I understand I can and will be subject to the appropriate legal action being taken against me if I use any information from the requested records(s) to violate any provisions of local, state, or federal law. Records of official actions and criminal justice records and the names, address, telephone numbers, and other information in such shall not be used by any person for the purpose of soliciting business for pecuniary gain.

I affirm that such records will not be used for the direct solicitation of business for pecuniary gain.

Signature of Requesting Party _____ Date of Request _____

Official Use Only

Official's Signature: _____ I.D. Verified: ☐ Yes ☐ No

Amount Paid:$ _____ ☐ Record Picked Up - Date_____ ☐ Approved ☐ Denied

Additional Information Released: ☐ Record Mailed - Date_____ Reason for Denial:

_____ ☐ Record Faxed *(Fax Receipt Attached)* _____

Added Due:$ _____ ☐ Paid _____

Official's Signature Releasing Record/Date _____ Official's Signature of Approval and Authorization to Release/Date _____