



901 East Beaver Avenue, Fort Morgan, CO 80701

Office: 970-542-3930 Fax: 970-542-3946

**REQUEST FOR RELEASE/INSPECTION OF CRIMINAL JUSTICE RECORDS**

\_\_\_\_\_  
Name Primary Phone # Alternate Phone #

\_\_\_\_\_  
Street Address, City, State, Zip Code

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

Please provide an English-speaking contact if necessary: \_\_\_\_\_

**Type of Record Requested**

Police/Incident Report (\$1.00/3.00))

Photos/Digital/Audio (to include Body Worn Camera) (\$10 per CD/DVD/digital device)

**Extended Retrieval or Required redactions will have a \$5.00 fee applied per 15 minutes.**

Background Check (\$15.00)

Certified Copies (\$1.25 add'l per report)

\_\_\_\_\_  
Full Legal Name of Subject of Record Date of Birth

\_\_\_\_\_  
Date/Time of Incident Call for Service/Case Number Name(s) of FMPD Officer(s) Involved

**Describe the incident:** \_\_\_\_\_

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 any related matter. I understand I can and will be subject to appropriate legal action being taken against me if I use any information from the requested record(s) to violate any provisions of local, state, or federal law. Records of official actions, criminal justice records and the name(s), address, telephone numbers, and other information in such shall not be used by any person for any 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**

\_\_\_\_\_  
Approved by/Date  Approved  Denied  
Amount Paid: \$ \_\_\_\_\_  Record Picked Up – Date \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
Add'l Due: \$ \_\_\_\_\_  Record Mailed – Date \_\_\_\_\_  
 Record Emailed – Date \_\_\_\_\_ Reason for Redaction: \_\_\_\_\_  
 Record Faxed (Receipt attached) \_\_\_\_\_