



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 #
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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 _____

Reason for Denial:

Record Emailed – Date _____

Reason for Redaction:

Record Faxed (Receipt attached)