



ERIE POLICE DEPARTMENT

RECORDS REQUEST

TOTAL DUE: _____

This form is to allow you the opportunity to record a formal request with the Erie Police Department for inspection of Public or Criminal Justice Record(s) in their possession. Once completed, this form will be retained in the file with the inspected record.

Email: epdrecords@erieco.gov

DATE: _____

Fax: 303-926-2805
Phone: 303-926-2800

TIME: _____

NAME OF REQUESTING PERSON _____

ADDRESS _____

PHONE # _____ **ALTERNATE PHONE #** _____

IF CHILDREN WERE INVOLVED LIST NAMES OF CHILDREN TO WHOM YOU ARE A LEGAL GUARDIAN/PARENT:

NATURE OF RECORD:

- | | | | | |
|--|------------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Animal | <input type="checkbox"/> Burglary | <input type="checkbox"/> Civil | <input type="checkbox"/> Code Violation |
| <input type="checkbox"/> Criminal Mischief | <input type="checkbox"/> Domestic* | <input type="checkbox"/> DUI | <input type="checkbox"/> Assault* | <input type="checkbox"/> ID Theft/Fraud |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Robbery | <input type="checkbox"/> Sex Offense* | <input type="checkbox"/> Traffic | <input type="checkbox"/> Other: _____ |

CASE # (if known) _____

DATE OF RECORD (or approximate date) _____

NAME(S) INVOLVED _____

I request a photocopy be made of this record for my use. I understand I will be charged the **normal rate of \$1.00/page** copied, e-mailed or faxed reports, unless waived by the Records Division. **DVD copies are \$20.00.**

**The first copy of the above noted reports are free of charge to the victim of the report.*

By signing below requestor is affirming copied records shall not be used for the direct solicitation for pecuniary gain pursuant to Colorado Revised Statute 24-72-305.5.

Requestor Signature _____ **Date:** _____ **Time:** _____

I understand this/these Public or Criminal Justice Record(s) of the Erie Police Department may be either in active use or in storage and that immediate inspection may not be immediately possible. The Records Division will provide a date and time *within three (3) working days* at which time the requested records will be available for any inspection.

Request Status: **Approved** **Denied**

Reason for denial under the Colorado Open Records Act (CORA):

- C.R.S. 24-72-305 Contrary to State Statute (juvenile records, medical, elder abuse etc.)
- C.R.S. 24-72-305(1)(b) Prohibited by Court Order
- C.R.S. 24-72-305(5) Contrary to the Public Interest (active investigation, etc.)
- C.R.S. 24-72-305.5 Failure/Refusal to Sign/Affirm Pecuniary Gain Statement above

Supervisor's Signature _____ Date: _____

Request returned: Date: _____ **Hour:** _____ **Signature:** _____