



# HOTCHKISS POLICE DEPARTMENT

## Open Records Request Form



### OPEN RECORDS REQUEST FORM

All requests for records must be made to the Records Division of the Hotchkiss Police Department. A NON-REFUNDABLE research fee of \$5.00 is due at the time of request before a search will begin. The initial fee includes 30 minutes of research/redaction and up to 4 pages, with an additional fee of \$0.25 per page accessed (\$0.50 for color copies) beyond that. Research/redaction beyond 30 minutes will be assessed \$30.00 per hour, minimum ¼ hour. Additional reports under the same request, including supplemental reports, are \$2.50 per report. Body cam videos, Dashcam videos, and photos are \$25 per disc/thumb drive. A separate request form *must* be completed for multiple requests along with the required fees. All fees must be paid prior to the release of records. Costs for reproduction of records have been authorized by Colorado Revised Statute 24-72-306.

### INFORMATION ABOUT YOU (PARTY REQUESTING THE INFORMATION)

Please fill in the information requested below thoroughly and accurately. This will ensure the timeliest response to you. All requests will be mailed unless another method is requested.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax or other phone: \_\_\_\_\_

C.R.S 24-72-305.5 Access to records- denied by custodian- use of records to obtain information for solicitation. RECORDS OF OFFICIAL ACTION AND CRIMINAL JUSTICE RECORDS AND 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." THE OFFICIAL CUSTODIAN SHALL DENY ANY PERSON ACCESS TO RECORDS OF OFFICIAL ACTION AND CRIMINAL JUSTICE RECORDS UNLESS SUCH PERSON SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN. By signing this form, I swear or affirm that I will not use the information I receive for pecuniary gain.

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

What record are you requesting? Check the appropriate box and continue completing the form:

☐ Local Background Check ☐ Incident Report ☐ Body Cam ☐ Dash Cam ☐ Interior Back Seat (Arrests)

☐ Other, please explain: \_\_\_\_\_

### INFORMATION ABOUT THE PARTY NAMED IN THE RECORD/BACKGROUND CHECK

Please fill in the information requested below as completely and legibly as possible. Incomplete information may be insufficient for the successful retrieval of the requested report or information.

Full Name (includes aliases/ maiden name): \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Nature of incident: \_\_\_\_\_

### \*Office Use Only\*

HPD Numbers: Incident/ Case No: \_\_\_\_\_ Date Request Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Amount Due: \_\_\_\_\_ or ☐ Discovery

Request Furnished? YES \_\_\_ No. of Pages \_\_\_\_\_ Comments: \_\_\_\_\_

NO: \_\_\_ State reason and statute number: \_\_\_\_\_

Released by: mail \_\_\_ pick up \_\_\_ other \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_