



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/Dashcam

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: _____

Request Furnished? YES ___ No. of Pages _____ Comments: _____

NO: ___ State reason and statute number: _____

Released by: mail ___ pick up ___ other _____

Chief of Police Signature: _____ Date: _____