



PARACHUTE POLICE DEPARTMENT RECORDS REQUEST

Integrity • Respect • Teamwork • Pride • Innovation • Diversity

222 GRAND VALLEY WAY • PARACHUTE, CO 81635 • (970) 665-1157

REQUEST FOR RECORDS SEARCH

To: Records Custodian, Parachute Police Department Date: _____

I, _____ of (business name if appropriate) _____
(please print name)

Address _____ Phone Cell: _____ Other: _____

City _____ State _____ Zip _____

Email address: _____

Request the release of:

Records Check other criminal justice records crime report MV Crash Report

The following questions are requested in order to identify the proper record:

Incident # _____ Report Number _____

Date of incident _____ Time of incident _____

Location of incident _____

Person the report involves _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

NOTE: According to Colorado Revised Statute 24-72-305.5, records of official action, criminal justice records, or 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 records custodian shall deny any person access to records of official actions 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.

I affirm that the names, addresses, telephone numbers and any other information in this record shall not be used for the purpose of soliciting business for pecuniary gain (Pecuniary: Consisting of or pertaining to money; requiring payment of money).

Signature _____ Date _____

OFFICIAL USE ONLY

- Request Approved
- Request Denied for the following reason:
 - Contrary to State Statute
 - Prohibited by Rules or Order of Court
 - Contrary to Public Interest
 - Individual Right to Privacy Outweighs Public to Know
 - Other: _____

Cost Estimate: # of pages @\$0.25= _____
of hours @hourly rate= _____

Total Cost Estimate: _____

Having received the foregoing cost estimate, I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available.

Signature _____ Date _____