



CRIMINAL JUSTICE RECORD REQUEST

Paonia Police Department
214 Grand Ave | PO Box 460
Paonia, CO 81428
970-527-4822

Name: _____ Date: _____

Address: _____ PO Box _____

Daytime Phone: _____ Email: _____

Information requested: Police Report (☐) Body Cam Footage (☐) Both (☐)

Indicate the information desired; be as specific as possible, i.e., name, address, DOB, nature of incident.

Pursuant to §24-72-305.5 C.R.S. records of official actions 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 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. By signing this form, I acknowledge that I have read and understood the above Colorado Revised State Statute. I am not requesting official actions or criminal justice records for the purpose of solicitation of business for pecuniary gain.

Applicant Signature: _____

Applicant Signature: _____ Date: _____

A. Five Dollars (\$5.00) per records search.

B. Twenty-Five Cents (\$0.25) per page copied.

C. Twenty Dollars (\$20.00) per hour for time spent manipulating any records or data to comply with the request for inspection or copying of criminal justice records.

D. Ten Dollars (\$10.00) for each copy of a record, or partial record, on media types other than paper, i.e., flash drive, disk, CD-ROMs.

The above fees shall be waived for requests for records made by victims and/or witnesses named in the requested record. The record search fee shall be waived if no information is found.

Allow 3 business days for reproduction.

STAFF USE ONLY: Date/Time Received: _____ Date/Time Completed: _____ Reason for
Denial: _____ *Fee Charged: _____ Case Number: _____
Fee Paid: _____ Custodian Signature _____