



CRIMINAL JUSTICE RECORD REQUEST

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

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. Body cam \$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.

Name: _____ Date of Birth: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

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.

Signature: _____ Date: _____

What records are you requesting? **Incident Report** ____ **Body Cam Footage** ____

INFORMATION ABOUT THE PARTY NAMED IN THE RECORD

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

Full Name (Includes aliases/maiden name): _____ Date of Birth: _____

Address: _____ City: _____

Date of Incident: _____ Nature of Incident: _____

Office Use Only

Case # _____ Date Request Received: _____

Fee Paid: _____ Amount Due: _____

Request Furnished: _____ Custodian Signature: _____