



Application for Release of Criminal Justice Records
Report Release

Person Requesting: _____ Date: _____

Requester's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Case Number: _____ Relation to Case: _____

Date and Time of Incident: _____ Location of Incident: _____

Other Remarks: _____

USE OF THIS INFORMATION IS REGULATED BY LAW – DO NOT DISSEMINATE

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. A violation of this section subjects you to misdemeanor charges and upon conviction, a fine of \$100 or 90 days in jail or both.

I affirm that I will not use the records, or any portion of the records requested for the purpose of soliciting business for pecuniary gain.

Signature: _____ Date: _____

For Official Use Only

Received By: _____ Date: _____ Release Authorized By: _____

If No:

Amount Due: \$ _____ Amount Paid: \$ _____ Information Released? Yes No

Released By: _____ Date: _____

Other Actions Taken: _____