

Request for Criminal Justice Records

Town of Kersey Police Department

REQUESTOR'S INFORMATION			
NAME		COMPANY NAME	
ADDRESS			
PRIMARY TELEPHONE #		EMAIL ADDRESS	
DELIVERY METHOD AND SHIPPING INFORMATION			
PREFERRED METHOD OF DELIVERY: <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL		SHIPPING INFORMATION IS THE SAME AS REQUESTOR'S INFORMATION? <input type="checkbox"/> YES	
NAME		COMPANY NAME	
ADDRESS			
EMAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER
GENERAL INFORMATION			
DATE OF REQUEST	CASE/INCIDENT NUMBER		CITATION NUMBER
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT	
TYPE OF REQUEST			
<input type="checkbox"/> BASIC INCIDENT REPORT \$5.00	<input type="checkbox"/> CITATION \$5.00	<input type="checkbox"/> COMPLETE INCIDENT FILE \$5.00 (1-10 PAGES) \$0.25 PER EACH ADDITIONAL PAGE	
<input type="checkbox"/> PHOTOGRAPHS \$25.00 PER CD/DVD/THUMBDRIVE PLUS \$5.00 SHIPPING AND DELIVERY FEE	<input type="checkbox"/> BODY-WORN CAMERA VIDEO \$25.00 PER CD/DVD/THUMBDRIVE PLUS \$5.00 SHIPPING AND DELIVERY FEE PLUS \$25.00 PER HOUR FOR REDACTIONS	<input type="checkbox"/> RECORDS CHECK \$5.00 EACH CERTIFIED COPY KERSEY POLICE DEPT. ONLY	
INVESTIGATING OFFICER(S)			
NAME		ID #	NAME
			ID #
INVOLVED PARTIES			
NAME		DATE OF BIRTH <input type="checkbox"/> JUVENILE	
NAME		DATE OF BIRTH <input type="checkbox"/> JUVENILE	
YOUR RELATIONSHIP TO ANY JUVENILE IN THE REPORT <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> ATTORNEY OF RECORD <input type="checkbox"/> OTHER (Please Indicate) _____. You are required to affirm relationship or submit proof (copy of ORIGINAL birth certificate or court documents) otherwise ALL juvenile name(s) will be redacted from the request per statute.			
PECUNIARY GAIN AFFIRMATION			
In accordance with 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 may subject you to misdemeanor charges and upon conviction a fine of \$100.00 and/or 90 days in jail. By signing below, 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.			
All requests for Criminal Justice Records shall be completed within three (3) working days, but may take up to fourteen (14) working days for extenuating circumstances. Your request may also need additional approval for release from the District or Town Attorney prior to release. Fees may be waived for Victims of Crime, pursuant to C.R.S. 24-4.1-303(10)(a)(V).			
DATE		SIGNATURE OF REQUESTOR	

All fees must be paid at time of request. Records not picked up within 21-days will be destroyed and a new request required.

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PAYMENTS

CREDIT CARD PAYMENTS:

Card Type: () VISA () MasterCard () AMEX () Discover

Card Number: _____ Expiration Date: _____ CVC#: _____

Cardholder Name: _____

Billing Address: _____

Phone #: _____ Email: _____

I authorize the Town of Kersey to charge my Credit Card indicated in this authorization form according to the terms outlined above. This payment authorization is for the good/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this Credit Card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE: _____ DATE: _____

FOR PAYMENTS BY CHECK OR MONEY ORDER, PLEASE SEND REQUEST & PAYMENT BY MAIL TO:

Town of Kersey Police Department
Post Office Box 657
Kersey, Colorado 80644

IN PERSON PAYMENTS:

Town of Kersey
446 1st Street
Kersey, Colorado 80644

Telephone: (970) 353-1691

Email: PDRrecords@Kerseygov.com

Payment Received Amount: \$ _____ () Cash () Check # _____ () Other: _____

*****DEPARTMENT USE ONLY*****

Request received by: _____ Date Received: _____

Records released: () Denied; _____

Total Number of Pages: _____

Date Requestor Notified/Records Sent: _____ By: _____