

FOUNTAIN POLICE DEPARTMENT

CHRIS A. HEBERER

CHIEF OF POLICE

Records will be released within 3 business days after the report is completed.

(Please note that not all reports are releasable.)

Name _____ Contact Phone _____

Address _____ Alternate Contact Phone _____

Reason for request/Relationship to incident _____

Method to receive records? IN PERSON EMAIL or FAX _____

Type of record: CASE REPORT (\$6) ACCIDENT REPORT (\$6) PHOTOS (\$10)

****BODY WORN CAMERA IS REQUESTED ON A SEPARATE FORM****

Case Report Number _____ Date of Occurrence _____

Type of Case _____ Person(s) Involved _____

Address of Occurrence _____

CALLS FOR SERVICE (\$10)

Address we responded to _____

Dates: From _____ To _____

CITY OF FOUNTAIN BACKGROUND CHECK (\$10)

Full legal name of person _____

Date of Birth _____ SSN _____

24-72-305.5 Access to records – denial by custodian – use of records to obtain information for solicitation. 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 understand the Colorado Revised Statute above.

Signature _____

Date _____

IMPORTANT – PLEASE READ: Any copies of requested records will be held for 90 days. If not picked up within 90 days the copies will be destroyed and will need to be re-ordered.

You will be called with a total \$ to be paid at pickup. Payment must be made prior to release

FOR DEPARTMENT USE ONLY:

ID VERIFIED BY _____ RECORDS RELEASED BY _____ TOTAL DUE \$ _____

RELEASE METHOD: IN PERSON MAIL EMAIL FAX RELEASED DATE/TIME _____

NOTES: _____
