



# LOCHBUIE POLICE

703 WELD COUNTY ROAD 37 LOCHBUIE, COLORADO 80603

PHONE: (303) 659-1395

FAX: (303) 655-1755

## RECORDS RELEASE

Case Report Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Person(s) Named in Report: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Describe Incident:  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's Name (Printed): \_\_\_\_\_

Relationship to Person Named: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How are you involved in this case? \_\_\_\_\_

Requests for incident report information must be made to the Records Department of the Lochbuie Police Department. A non-refundable fee of **\$10.00 is required for a police report**, and **\$5.00 for an accident report** before research is begun.

In compliance with C.R.S. Section 24-72-305.5: Records of official actions and criminal justice records and the names, addresses, telephone numbers and any 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.

I affirm that I shall NOT use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 Misdemeanor under Colorado Revised Statute 24-72-309.

Requesting Party's Signature \_\_\_\_\_ Date \_\_\_\_\_

Method of delivery: Mail \_\_\_\_\_ In person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_