



EMPIRE POLICE DEPARTMENT

30 East Park Ave ★ Post Office Box 100
Empire, Colorado 80438

Main Office (303) 569-2281 Fax (303)-569-2282 Town Clerk (303)-569-2978



This form is to record a formal request with the Empire Police Department to inspect a criminal justice records(s) on file with the Empire Police Department. The completed form will be retained in the file of the inspected record.

FORMAL REQUEST TO INSPECT OR OBTAIN COPIES OF CRIMINAL JUSTICE RECORDS

CASE NUMBER: _____ NUMBER OF PAGES _____

PERSON RECEIVING RECORD(S) _____

PERSON / COMPANY REQUESTING RECORD(S) _____

ADDRESS _____

HOME PHONE (_____) _____ OTHER PHONE (_____) _____

DRIVERS LICENSE / ID # _____ EMAIL ADDRESS _____

REQUEST FOR PHOTOCOPY OR DIGITAL RECORDS

I request that a photocopy or digital copies be made of this record for my use and I understand that I will be required to pay twenty five cents (\$0.25) per page in addition to any other fees as provided for in the Criminal Justice Records Fee Schedule. Records Fees include \$20 per hour for related research and/or redacting time, multiple records requests, digital evidence (audio, video, photographs), and \$10 per MVA Reports. (Per C.R.S. 24-72-306 & C.R.S. 24-72-305.5)

I understand that criminal justice records of the Empire Police Department are either in active use or in storage and that immediate inspection may not be possible. I, therefore, request that a date and time within three (3) working days (24-72-303(3)) be arranged, at which time the requested record(s) will be available for my inspection.

If records are available for release, please specify format preference:

- Google Drive
- Digital CD
- Emailed PDF (may be too large for email and therefore will be made available via CD/DVD)
- Print

Reason for denial:

- Release would interfere with law enforcement activities (case is under investigation at this time)
- The individuals privacy outweighs the public's right to know
- Release would be contrary to public interest
- Release would cause unwarranted adverse consequences
- No releasable information

Your signature affirms these records will not be used for the direct solicitation of business or pecuniary gain.

Signature: _____ Date: _____

FOR POLICE DEPARTMENT OFFICE USE ONLY

Request Received By: _____ Date: _____

Request Granted / Completed By: _____ Date Records Released: _____

Amount Paid: _____ Cash Check Credit Card No Charge _____

Explanation