



Fraser/Winter Park Police Department
 PO Box 211 ~ 78336 Main Street
 Winter Park, CO 80482
 Phone 970.722.7779 Fax 970.726.8362



REQUEST FOR CRIMINAL JUSTICE RECORDS

Date of Request _____

Requesting Party's Information:

Full Legal Name _____ Date of Birth _____

Physical Address _____

Mailing Address _____

Daytime Phone _____ Evening Phone _____ Email _____

Type of Record Requested:

Incident/Offense Report Accident Report Citation/Summons Clearance Letter Other

Date of Report _____ Case Number _____ Victim, Suspect, Other _____

Incident/Offense Report Accident Report Citation/Summons Clearance Letter Other

Date of Report _____ Case Number _____ Victim, Suspect, Other _____

Incident/Offense Report Accident Report Citation/Summons Clearance Letter Other

Date of Report _____ Case Number _____ Victim, Suspect, Other _____

Reason for Record Request:

Victim of Crime Insurance Background Check Press Other, please explain below

If other, please explain here _____

Are you requesting on behalf of a police or government agency? Yes No

If yes, please note which one _____

CRS 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 persons signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

In signing below I affirm that I have read the above statute and agree not to use any provided records for direct solicitation of business for pecuniary gain.

Signature _____ Date _____

FOR OFFICE USE ONLY BELOW THIS LINE

Date Received _____ Received via Mail _____ Fax _____ Email _____ In Person _____ Other _____

If presented in person, type of identification presented _____

Date Records Were Furnished _____ Signature of Employee _____

Fee _____ Paid via Cash _____ Check _____ Debit/Credit Card _____ Other _____

Request Denied - Date _____ Signature of Employee _____

Reason for Denial _____

Supervisor Initials/Date _____