



**FRASER WINTER PARK POLICE DEPARTMENT
FRASER WINTER PARK COMBINED MUNICIPAL COURT
CRIMINAL JUSTICE RECORDS REQUEST**

Date of Request: _____

Please fill out the below form and email the completed copy to pd@wpgov.com.

Name of Requestor: _____ Company: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email address: _____ Phone: _____
 Incident Number: _____ Incident Type: _____
 Location of Incident: _____ Date/Time: _____
 Person(s) named in report: _____
 Reason for Request: _____
 Specific Document or Information Requested: _____

Delivery method: Print e-mail CD/USB

*****One-half of payment for research/redaction must be received prior to the research of any records. Balance due prior to the release of the records. *****

*****Copy of Government issued ID must be provided*****

Note: C.R.S. 24-72-305.5 Access to records/Denial by custodian/Use of records

Records of official action, 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.

The undersigned hereby affirms that upon receipt of criminal justice records from the Fraser Winter Park Police Department/Combined Municipal Court, such records shall not be used for the direct solicitation of business for pecuniary gain, and that any photographs obtained with this request will not be placed in a publication or posted to a website that requires the payment of a fee or other exchange for pecuniary gain in order to remove or delete the photograph from the publication or website. Any violation is a class 3 misdemeanor under C.R.S. 24-72-309.

Signature

Date

OFFICIAL USE ONLY

I.D. verified: Yes No ID: _____ **Inspection Granted:** Yes No
Search while applicant waited: Yes No **Delayed Search:** Yes No
Number of pages released: _____ **Date:** _____
Delivered: In Person Mail Email/electronically:
Applicant Denied Yes No
 Reason for denial: _____
Amount charged: Research: \$ _____ CD/USB Drive: \$ _____ Copies: \$ _____ Total: \$ _____

Signature of Releasing Official

Date