



# ERIE POLICE DEPARTMENT

## RECORDS REQUEST

TOTAL DUE: \_\_\_\_\_

This form is to allow you the opportunity to record a formal request with the Erie Police Department for inspection of Public or Criminal Justice Record(s) in their possession. Once completed, this form will be retained in the file with the inspected record.

Email: [epdrecords@erieco.gov](mailto:epdrecords@erieco.gov)

DATE: \_\_\_\_\_

Fax: 303-926-2805  
Phone: 303-926-2800

TIME: \_\_\_\_\_

NAME OF REQUESTING PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

**IF JUVENILES WERE INVOLVED LIST NAMES OF JUVENILES TO WHOM YOU ARE A LEGAL GUARDIAN/PARENT OR GUARDIAN AD LITEM:**

**NATURE OF RECORD:**

- |  |                                    |                                       |                                   |   |
|--|------------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Accident          | <input type="checkbox"/> Animal    | <input type="checkbox"/> Burglary     | <input type="checkbox"/> Civil    | <input type="checkbox"/> Code Violation |
| <input type="checkbox"/> Criminal Mischief | <input type="checkbox"/> Domestic* | <input type="checkbox"/> DUI          | <input type="checkbox"/> Assault* | <input type="checkbox"/> ID Theft/Fraud |
| <input type="checkbox"/> Juvenile          | <input type="checkbox"/> Robbery   | <input type="checkbox"/> Sex Offense* | <input type="checkbox"/> Traffic  | <input type="checkbox"/> Other: _____   |

\*The first copy of the above noted reports are free of charge to the victim of the report.

CASE # (if known) \_\_\_\_\_ DATE OF RECORD (or approximate date) \_\_\_\_\_

NAME(S) INVOLVED \_\_\_\_\_

I request a photocopy be made of this record for my use. I understand I will be charged the normal rate of \$.25/page (additional costs for research, redaction and retrieval of records may be incurred, in which case a cost estimate will be provided) for copied, e-mailed or faxed reports, unless waived by the Records Division. DVD copies are \$20.00.

By signing below requestor is affirming copied records shall not be used for the direct solicitation for pecuniary gain pursuant to Colorado Revised Statute 24-72-305.5.

Requestor Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I understand this/these Public or Criminal Justice Record(s) of the Erie Police Department may be either in active use or in storage and that immediate inspection may not be immediately possible. The Records Division will provide a date and time within three (3) working days at which time the requested records will be available for any inspection.

Request Status:      Approved       Denied       Referred

**Case filed with the District Attorney's Office – Refer to Discovery Processes:**

- |  |                           |
|--|---------------------------|
| <input type="checkbox"/> Weld County District Attorney 970-356-4010    | Docket # (if known) _____ |
| <input type="checkbox"/> Boulder County District Attorney 303-441-3730 | Docket # (if known) _____ |

\*\*\*If report cannot be obtained within a reasonable amount of time from the District Attorney's Office, please contact Administrative Manager, Sarah Lambert 303-926-2803\*\*\*

**Reason for denial under the Colorado Open Records Act (CORA):**

- |   |   |
|---|---|
| <input type="checkbox"/> C.R.S. 24-72-305       | Contrary to State Statute (juvenile records, medical, elder abuse etc.) |
| <input type="checkbox"/> C.R.S. 24-72-305(1)(b) | Prohibited by Court Order   |
| <input type="checkbox"/> C.R.S. 24-72-305(5)    | Contrary to the Public Interest (active investigation, etc.)            |
| <input type="checkbox"/> C.R.S. 24-72-305.5     | Failure/Refusal to Sign/Affirm Pecuniary Gain Statement above           |

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Request returned: Date: \_\_\_\_\_ Hour: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: THIS FORM IS A PUBLIC RECORD AND MAY BE RELEASED UPON REQUEST w/redaction of email**

OFFICE USE ONLY

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_