



**Carbondale Police Department**  
**511 Colorado Ave., Ste 911**  
**Carbondale, CO 81623**

**Records Request Form**

**Please fill out this form completely.** Make checks payable to **Carbondale Police Department**. Pre-payment by cash or check is required before any records will be released. A signature is required for the request to be processed. Return form by email (cpd@carbondalecto.net), mail, fax (970-963-3802) or in person to the Carbondale Police Department, 511 Colorado Ave., Ste 911, Carbondale, CO 81623. Please allow three working days for the request to be processed. If you have any questions, contact the Carbondale Police Department at 970-963-2662.

**FEES:**                      Accident Report: \$10.00  
                                    Records Search: \$10.00, plus .25 per page  
                                    Personnel Time: \$20.00 per hour

**Request is for:** \_\_\_\_\_ **Report Number:** \_\_\_\_\_  
\_\_\_\_\_ Accident    \_\_\_\_\_ Crime/Incident    \_\_\_\_\_ Other (describe) \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Party(ies) Involved: \_\_\_\_\_ DOB: \_\_\_\_\_

*NOTE: according to Colorado Revised Statute 24-72-305.5, records of official action 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 records 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 the names, addresses, telephone numbers and any other information in this record shall not be used for the purpose of soliciting business for pecuniary gain.**

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish to have this information:      Mailed      Emailed      Faxed      Picked-Up

Official Use Only: _____ I.D Verified    _____ Approved    _____ Denied    Reason for Denial: _____ Date Received: _____ Fee: _____ Date Completed: _____ Staff Intitals _____
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