## Town of Blue River Public Record Request Form

Request maybe emailed to: <u>info@townofblueriver.org</u> NOTE: Confirmation of receipt is required for emailed requests

Name:	Date: _		
Address:	City: _		
State: Zip Code:	Daytime Phone:		
Email:		-	
Inspection Only Requested: Hard Copies Requested: CD or Electronic Copies Requested: Desired Retrieval Method:	Yes Pick-up	No No No Mailing	Email
Please indicate the information desired a possible. (You may attach a letter indica	nting the requested publ	ic records)	
Please note that all emailed requests mus Custodian.			
POLICE RECORDS REQUESTS ID Presented:	_ Driver's License #:		State:
Law Enforcement/Criminal Justice Age	ncv.		

In accordance with Colorado Revised Statutes, 24-72-201 through 206 concerning Inspection, Copying, Photographing Public Records, and 24-72-301 through 309 concerning Criminal Justice Records, the Blue River Police Department will provide, for the public, records in the custody of the Police Department that are legally allowed within the provision of the above referenced statutes. Please allow three (3) working days for a search of the records. Per the State of Colorado Open Records Act (C.R.S. 24-72-203), if the request is for an inactive file, is substantially large or needs to be reviewed by the Blue River Police Department Administration, an extension of seven (7) working days is permitted. You will be notified prior to the end of the three-day period of any extension and all estimated costs. A modification of the request is considered a new request. Some requests may require us to refer you to the District Attorney and/or the Courts for information that we are unable to provide. We only release reports created by the Blue River Police Department personnel. Please provide a copy of your driver's license with this application.

**INFORMATION REQUESTED**: Please check appropriate box and indicate Case Numbers where applicable:

If this request pertains to a current CRIMINAL CASE: Please submit your request through the Discovery Process with the 5th Judicial District Attorney's Office.

Check all that apply		
Item		Report Number
Criminal Case		
DUI Report		
Traffic Citation		
Other (Please Specify)		
Name of Party Involved in Report:		
Sex:		
Type of Incident:		
DOB:		
Incident Date/Time:		
Reason for Request:		
reason for request.		
incurred in accordance with such Pu	ublic Records Policy an information for direct	ds Policy, and agree to pay all charges and the attached fee schedule. I affirm solicitation of business for pecuniary isdemeanor under C.R.S. 24-73-309
Signature of Person requesting Public	Record(s)	
Charges: (To be completed by the Rec	ords Custodian and att	ached as invoice)
Total: \$		
Date Received:	Time Received	l:
Date Completed: T	ime Complete:	Completed By:
Summary of Response:		

CD/Tape Duplication Ordinances/Resolutions Certification of Document Certification of Transcript Copies-non color

Copies-non color
Copies-Color standard

Other requests, documents, postage & delivery

Staff Time-gathering, printing, research, labor, travel

\$25.00 \$.25/page

8.00/per copy

\$8.00 plus \$1.00/per page

\$.25/page \$1.25/page

Actual cost to the Town to obtain, reproduce, mail or

send \$30/hour