

FOUNTAIN POLICE DEPARTMENT

MARK A. CRISTIANI
CHIEF OF POLICE

CASE REPORT / CALLS FOR SERVICE REQUEST FORM

Records will be released within 3 business days after the report is completed.
(Please note that not all reports are releasable.)

Name _____ Contact Phone _____

Address _____ Alternate Contact Phone _____

Reason for request/Relationship to incident _____

Method to receive records? ☐ In Person ☐ Email ***only if paid in full with request** _____

Type of Record:

☐ CASE REPORT

\$10.00 1st 10 pages, .50 each add. page

Report Number _____ Type of Case _____

Are you listed as the victim of this crime in the case report? **Y** **N**

Date _____ Address _____

Person(s) Involved _____

☐ CALLS FOR SERVICE

Single:\$6.00 1st 10 pages, .50 each add. page Premise History (per address):\$10.00 1st 10 pages, .50 each add. page

Address we responded to _____

Dates: From _____ To _____

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

By signing this form I acknowledge that I have read and understand the Colorado Revised Statute above.

Signature _____

Date _____

IMPORTANT – PLEASE READ: There is a Non-Refundable Research Fee of \$5.00 to be paid when request is made. This fee will be applied to the cost of the total amount due for records.

***Payment must be made IN FULL prior to release. Cash or credit card payments must be made in person, or check or money order payments can be sent by mail. There is no online payment option at this time.**

FOR DEPARTMENT USE ONLY:

ID VER IFIED BY _____ RELEASED BY _____ AMT PAID AT TIME OF REQUEST\$ _____

TOTAL FEE \$ _____ - AMT PAID \$ _____ = BALANCE DUE UPON PICKUP \$ _____

RELEASE METHOD: IN PERSON MAIL EMAIL FAX RELEASE DATE/TIME _____

NOTES: _____
