

APPLICATION FOR RELEASE / INSPECTION OF CRIMINAL JUSTICE RECORD Silt Police Department

To: Records Custodian, Silt Police Department			Date of Request:			
Name:		of (business	s name if appropriate)			
(please	print)					
Address:			Pilofie:			
City:			_ State:	Zip:		
Email address:						
	report []]	Digital Evidence [] Case/Incident Report	[] Records Check	3	
FEES FOR COPIES: Case/Incident Report	\$15	Research Fee (afte	er 1 st hr)		\$33/hr.	
Accident Report	\$10	Digital Evidence: Video, Audio, Photos, or Body Worn Camera			ψ33/111.	
Records Check	\$15	*If provided on USB (price per USB used)			\$30/ea	
Document Copies	\$0.25/pg.	*If provided throu	* *		\$20	
TI	he following qu	uestions are requeste	ed to identify the prope	r record:		
Case/Incident #		Inc	cident Type			
Date of Incident	Time of Incident					
Location of Incident						
Person(s) Involved			Date	Date of Birth		
Address		City	State	eZip		
NOTE: According to Cor the names, addresse person for the purpose person access to record which affirms that such I affirm that the names, the purpose of soliciting payment of money). Signature	s, telephone n of soliciting b ds of official a n records shall addresses, teleg business for	umbers, and other in usiness for pecuniary ctions and criminal anot be used for the ophone numbers and an pecuniary gain (Pecuniary gain (Pecu	nformation in such recy gain. The official recy justice records unless solicitation of but my other information in the miary: Consisting of or	ords shall not be used ords custodian shall de such person signs a sta siness for pecuniary ga this record shall not be	by any eny any atement ain. used for equiring	
		OFFICIAL US	E ONLY			
I.D. verified Search while applicant v		Yes [] No		[] Yes [] No [] Yes [] No		
Number of pages release	ed		Amount \$			
Delivered: [] In Person [] Email:				[] Sent by	USPS	
If inspection denied – re Applicant notified of der		Phone [] In-person	[] By mail []	E-mail		
Signature of Records Te	chnician			Date		

Silt Police Department-Records Department 231 N. 7th St., Silt, CO 81652 (970) 8762735 Fax:(970) 876-0205