



CITY OF CAÑON CITY

Police Department

161 Justice Center Road
Cañon City, CO 81212
(719) 276-5600 • Fax: (719) 276-5607

Records Request

Request forms can be emailed to records@canoncity.org
or dropped off at 161 Justice Center Rd. Canon City, CO
81212 during normal business hours. **Fees are due at the
time of your request.**

REQUESTER'S INFORMATION

Your Name: _____ Date of Birth: _____
Representing (Name of Company): _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____

CASE REPORT \$.25 per BW page (lengthy requests will be charged for the time spent processing the requests, at a rate of
\$33/hour billed in 15 minute increments after the first hour)

☐ Traffic Accident Report ☐ Police Report

Case # (If known): _____ or Type of Incident: (i.e. Domestic, Theft) _____
Date of Incident (approx.): _____ Time of Incident (approx.): _____
Location/Address of Incident: _____
Person(s) Involved: _____

DIGITAL MEDIA – Printed (4 Photos per page) \$1.00 per page; CD/DVD \$5.00 per disc; Flash Drive \$10.00 per drive

☐ Photographs (if applicable) ☐ Bodycam/Video/Audio Recordings (if applicable)

BACKGROUND CHECK - \$10.00; additional fees apply for any reports requested

Last Name: _____ First Name: _____ Middle: _____
Date of Birth: _____ Other Names (AKA/Maiden): _____

OTHER/MISC – Fees may apply

(Please specify: date/time/involved parties/details):

PECUNIARY GAIN AFFIRMATION

Pursuant to C.R.S. 24-72-305.5: 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. **By signing this form, I acknowledge and affirm that the records I obtain from the Canon City Police Department as a result of this request shall not be used for the direct solicitation of business for pecuniary gain.**

NOTICE: Records not picked up after 30 days from notification will need to be reordered. No refunds will be given/new fees will apply.

Requester Signature: _____ Date: _____

OFFICIAL USE ONLY

Case Reports/Traffic Accident Reports (\$0.25 per page) \$ _____

Printed Color Photos (\$1.00 per page) \$ _____

Background Check (\$10.00 per person) \$ _____

CD/DVD (\$5.00) \$ _____

Thumb Drive (\$10.00) \$ _____

Research and Processing Time (\$33.00 per hour or 8.25/15 min) First Hour Free \$ _____

____ h ____ m **Total Charges:** \$ _____

Method of Delivery: ☐ Waited ☐ Pick-Up ☐ Fax ☐ Mail ☐ E-Mail

Records Denied (Any denial will come with a written explanation from Records Manager on Letterhead):

____ Contrary to State Statute ____ Contrary to Public Interest ____ Prohibited by Rules or Court Order

Explanation:

Amount Paid: _____ **I.D. Verified:** _____ **Amount Owed:** _____ [] Paid

Payment Type: ☐ Cash ☐ Check ☐ Other:

1. **Date/Time Contacted:** _____ **L/M** _____ **Notes:** _____

2. **Date/Time Contacted:** _____ **L/M** _____ **Notes:** _____

3. **Date/Time Contacted:** _____ **L/M** _____ **Notes:** _____

Processed By: _____ **Date:** _____

PICK UP/RECEIVED BY INFORMATION

By signing below, you affirm the receipt and payment (*if applicable*) of any and all records as requested above.

Picked Up By (Print Name): _____

Signature: _____ **Date:** _____