



# PLATTEVILLE POLICE DEPARTMENT

400 Grand Avenue  
Platteville, Colorado 80651  
970.785.2215 • 970.785.6113 (f)

## REQUEST FOR PLATTEVILLE CRIMINAL JUSTICE RECORDS

Police reports are **not** available under **any** of the following conditions:

1. Records from other agencies / jurisdictions (contact the appropriate agency).
2. Records involving **any** on-going investigations.
3. Record information regulated by Colorado Open Records Law.

Fee Schedule:

- **Report Fee:** \$5.00 for records eight (8) pages or less in length (\$0.25 per page after eight pages, \$5 deposit).
- **Search Fee:** \$5.00 in addition to above **Report Fee**, if located (\$5 deposit).
- **Platteville Criminal History Fee:** \$25.00 per request (\$25 deposit).
- **Records copies will only be kept up to five (5) days after printing.**

POLICE USE ONLY	
DATE RECEIVED:	_____
DATE RELEASED:	_____
RELEASED BY:	_____
PHOTO ID ATTACHED:	_____
DEPOSIT MADE:	\$ ____ . ____
TOTAL FEES:	\$ ____ . ____
DUE AT PICKUP:	\$ ____ . ____

### Person Requesting:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Organization Name (if applicable): \_\_\_\_\_  
 Representing:  Self  Prosecution  Defense Attorney  
 Relationship:  Victim  Suspect  Relative  Other

### Type of Request (Check one or more):

- Complete Report:** Platteville Case Number (required for this section): \_\_\_\_\_
- Records Search (\$5 additional fee applies to this section):**  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_  
 Person Involved Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Person Involved Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Person Involved Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Vehicle Involved License Plate Number: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_
- Criminal History (Platteville Police History ONLY - \$25 fee for this section):**  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Aliases (including maiden names): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_

## USE OF THIS INFORMATION IS REGULATED BY LAW – DO NOT DISSEMINATE

**Colorado Revised Statute 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. 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.

I affirm that I will not use the records, or any portion of the records requested for the purpose of directly soliciting business for pecuniary gain. Records requests will typically be processed within 72 business hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_