

Wiggins Police Department

Criminal Justice Records Request Form

304 Central Ave, Wiggins, CO 80654

Phone: (970) 483-6161

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. 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 the records being requested shall not be used for the direct solicitation of business for pecuniary gain.

Requester Name:		Date of Request:	
Mailing Address:			
Email Address:			
Signature:		Phone:	
Case Number of Call For Service Number (if known):		Incident Date/Time:	
Incident Location or Type of Incident:			
Person(s) Involved Names:		DOB(s):	
Detailed description of records requested: _____ _____ _____ _____ _____			
Fee Schedule:			
Standard photocopies		\$.10 /page (B&W) \$.25 /page (Color)	
Video Tape/DVD/Thumb-drives/USB		\$15.00 per tape/DVD	
Audio Tape/DVD/Thumb-drives/USB		\$15.00 -\$66.00 per tape/CD	
Research of Files		\$30 per hour after the first hour	
Postage		Actual cost	
For Internal Office Use:		Amount prepaid: \$ _____	
Date request completed:		Balance due before release: \$ _____	
Approved: _____ Denied: _____		Total Amount paid: \$ _____	
If denied, provide reason(s):			