



Steamboat Springs Police Services

2027 Shield Dr | PO Box 775088 | Steamboat Springs, CO
80477 Website: www.steamboatsprings.net

Phone: 970.879.1144 Fax: 970.871.7090
Email: policerecords@steamboatsprings.net

ADVISEMENT AND INSTRUCTIONS STATISTICAL REQUESTS

The instructions contained herein are drawn from and based upon the Freedom of Information Act, The Privacy Act, and the Colorado Revised Statutes, Article 72 of Title 24 and others, and the Steamboat Springs Police Services Policy and Procedure #15.5.

This form is ONLY for the release of records, reports and information maintained by the Steamboat Springs Police Services Department.

Persons seeking official documentation regarding Records are required to submit the appropriate Records Request Form and pay the designated fee(s) before the request can be processed. Separate search fees apply and will be collected for each Request, Report Copy, and Person listed on the form. There will be no charge to victims of crimes, Criminal Justice Agencies and their agents conducting official investigations. Further, Criminal Justice Agencies may be exempt from the completion of the form.

I. WHAT TYPES OF RECORDS MAY BE REQUESTED ?

1. Police Reports, Records Checks, Accident Reports, and Statistical Information.

II. HOW DO I INITIATE A RECORDS REQUEST ?

Please choose from the options below to obtain a Records Request Form.

1. Request Forms can be accessed online at: www.steamboatsprings.net
On the home page, please use the menu choices on the top of the page, as described below:
How Do I ? → Request → Then choose the most appropriate form listed (Police Report or Accident Report)
2. Request via Fax: 970-871-7090
3. Request in person at the Front Desk of the Steamboat Springs Police Department during Business Hours.
Address: We are located at 2027 Shield Dr, Steamboat Springs, CO. Except Holidays, our regular business hours are Monday through Thursday, 8:00 am - 5:00 pm, and Friday, 8:00 am - Noon.
4. **Traffic Accident Reports***: Available online via *LexisNexis eCrash*. Go to: www.ecrash.lexisnexis.com
5. **Statistical Research Requests***: These require a separate form. Please contact us for more information.

III. HOW DO I RETURN THE COMPLETED REQUEST FORM TO THE RECORDS DIVISION?

Please choose from the options provided on the Records Request Form and return for processing.
An incomplete form may delay your request.

IV. FEE SCHEDULE:

Digital Media (photos, audios, videos)	\$30.00*
Liquor License Records Check	\$25.00
PBTs (Portable Breath Test)	\$20.00
Records Search / Records Check	\$30.00*
Report Copy and Traffic Accident Reports	\$5.00*
Over 10 pages, per page charge	\$0.25
Sex Offender Registration (Initial – First time)	\$75.00
Sex Offender Re-Registration	\$25.00
Statistical Data Search and Retrieval Fee	\$7.00
Statistical Data Search in excess of 1 hour	\$30.00/hr*
VIN Checks (regular & certified)	\$30.00

Each records request will be considered in light of the existing laws and circumstances known at the time of the request. The applicant will be advised within three (3) working days if the release or access will be permitted or denied. In the event the request is denied, the applicant may appeal in writing to the Custodian of Records or the Chief of Police. In the event release or access is again denied, appeal may be made to the District Court of the 14th Judicial District. ***NOTE: Requests requiring excessive research or completion time (more than one hour) may incur additional charges which will be calculated based on the actual cost of time and materials.**



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STATISTICAL RESEARCH REQUEST FORM

Please completely fill out this form, sign, date, and return with the assigned fee. An incomplete form may delay your request. Requestor will be contacted if photo identification is required or if payment in excess of the listed fee schedule is required. The information contained within this form is REQUIRED before a search for Records can be conducted.

Return form to: Email: policerecords@steamboatsprings.net
Fax: 970-871-7090
Phone: 970-879-4344

Steamboat Springs Police Services
ATTN: Records Division
PO Box 775088
Steamboat Springs, CO 80477

REQUIRED Requestor Contact Information	LAST:	FIRST:	M:	
	MAILING ADDRESS:			Apt#
	CITY:	STATE:	ZIP:	
	EMAIL:	PHONE: ()	FAX: <i>if applicable</i> ()	
REQUESTOR SIGNATURE:		TODAY'S DATE: / /		

By signing this form, I acknowledge the **Records Search & Retrieval free of \$7.00 plus \$30.00 per hour after the first hour** and understand that statistical research requests will not be released prior to receipt of full payment. Please allow a minimum of 5 working days for all approved requests. Items matching the requested research criteria will be presented in summary format according to applicable Colorado criminal justice records release law.

Statistical Search of SSPD Records Questionnaire

1. Would you like a search for a certain " TYPE " of incident only? Ex: Accidents, Arrests, Warnings for Speeding. <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, what Type? If No, skip to #2.	
2. Would you like a search for incidents from a specific " LOCATION " only? Ex: Address, Business, Intersection, etc. <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, enter Location. If No, skip to #3.	
3. Would you like a search for incidents from a specific " TIME " period only? Ex: Specific dates, month, current year, etc. <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, enter Time Period/Dates. If No, skip to #4.	
4. Would you like a search for certain " Offenses or Statutes " only? Ex: Assault, Disturbing the Peace, etc. <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, enter the Offense/Statutes. If No, skip to #5.	a) b) c) d)

Additional search notes or information to aid in fulfilling your request:

FOR OFFICIAL USE ONLY - THIS SECTION TO BE COMPLETED BY RECORDS TECHNICIAN/SUPERVISOR

____ / ____ / ____ DATE COMPLETED _____ RECORDS INITIALS	RELEASE DATE ____ / ____ / ____ _____ INITIALS
TIME: _____ REQUESTOR NOTIFIED: PH <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> OTC <input type="checkbox"/>	_____ # OF PAGES RELEASED VIA: MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> OTC <input type="checkbox"/>
ID VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO CHRI LETTER COMPLETED: Y / N	_____ Hours x \$ _____ FEES COLLECTED \$ _____
Case# Assigned: _____	
Files Released:	

PAYMENT INFORMATION: All fields REQUIRED in this section if paying by Credit Card. This section is detached and destroyed.

Please check one: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Name on Card:		
Credit Card #:	Expires. / /	CVV #	
Address:	City:	State:	Zip: