



Advisement and Instructions for Records Request

Persons seeking official documentation regarding Records are required to submit the appropriate Records Request Form and pay the designated fee(s) before the request is processed.

Each records request will be considered in light of the existing laws and circumstances known at the time of the request. In the event the request is denied, the applicant may appeal in writing to the Custodian of Records. In the event release or access is again denied, appeal may be made to the District Court of the 14th Judicial District.

All SSPD Records are maintained under the Colorado Municipal Records Retention Schedule. Once retention is met, records are destroyed and are no longer available. More information on retention can be found at https://www.colorado.gov/pacific/sites/default/files/Sched100-MunSupp12_1.pdf.

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 Criminal Justice Agencies and their agents conducting official investigations. Victims of VRA crimes will also receive a copy of the initial incident report free of charge, per CRS 24-4.1-302.5(1)(b.9). This does not apply to requests for digital media or records checks.

WHAT TYPES OF RECORDS MAY BE REQUESTED?

- Police Reports
- Accident Reports - also available at www.ecrash.lexisnexis.com
- Digital Media – bodycam, photos, dashcam
- Record Checks
- Statistical Information ([separate form](#))

HOW DO I SUBMIT A RECORDS REQUEST?

Return completed form to Steamboat Springs Police:

- By email: policerecords@steamboatsprings.net
- Via Fax: 970-871-7090

POLICE RECORDS FEE SCHEDULE

*Amounts shown are per item and for the <i>first hour</i>	
Police Report	\$5.00
Accident Report (includes photos)	\$5.00
Digital Media (bodycam, photos, dashcam if traffic related & available)	\$30.00
Records Check (an individual's list of involvements with SSPD)	\$30.00
Statistical Data Search (separate form)	\$7.00

*Requests requiring excessive research and/or completion time (more than 1 hour) will incur additional charges in which an estimation will be calculated at a rate of **\$30/hour**. After completion, if the time extended beyond the estimated amount, the recalculated difference will be charged.

No refunds will be given once we begin processing the request.

For further information or inquiries, contact SSPD Records Monday through Thursday, 8am-5pm at 970-879-4344.



Records Request Form

Requestor Contact Information		
Last:	First:	Middle:
Mailing Address:		
City:	State:	Zip:
Email:	Phone: ()	DOB:
Receive by: Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Pick up <input type="checkbox"/>		Requests not claimed within 2 weeks are destroyed

<input type="checkbox"/> Report - Official report related to a specific case	SSPD Case # P _____
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<input type="checkbox"/> Digital Media – Photos & bodycam related to a specific case	SSPD Case # P _____
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<input type="checkbox"/> Records Check – A person’s involvements with SSPD			<input type="checkbox"/> All contacts	<input type="checkbox"/> Arrests & criminal incidents only
Last:	First:	Middle:		
DOB:	SSN:	Alias/Maiden:		
Search records and contact within time period: _____ to _____				

Additional fees may apply at a rate of \$30/hour

Per 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, I have requested, reviewed and/or received copies of the records described on this form and I agree that I will not use this information for the purpose of soliciting business for pecuniary gain as stated above.**

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY – THIS SECTION TO BE COMPLETED BY RECORDS DIVISION	
DATE COMPLETED: _____ TIME: _____	DATE RELEASED: _____ INITIALS _____
REQUESTOR NOTIFIED: PH <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> OTC <input type="checkbox"/> E.COM <input type="checkbox"/>	# OF PAGES RELEASED: _____ OTC <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> E.COM <input type="checkbox"/>
INITIALS _____ ID VERIFIED: Y / N REQUEST: GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>	FEES COLLECTED: \$ _____
CHRI LETTER COMPLETED: Y / N CASE# ASSIGNED: _____	FILES RELEASED: _____

Payment Information - This section is detached and destroyed		
Name on Card:	Credit Card #:	
Expires: _____ / _____	CVV#:	Zip: