



Steamboat Springs Police Services

840 Yampa | PO Box 775088 | Steamboat Springs, CO 80477
Website: www.steamboatsprings.net

Phone: 970.879.4344 Fax: 970.870.1271
Email: policerecords@steamboatsprings.net

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: 970-870-1271
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 Fee of \$30 per 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

COMPLETED ____/____/____ Initials Completed _____	RELEASED ____/____/____ Initials Released _____
TIME: _____ REQUESTOR NOTIFIED: PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/>	_____ # OF PAGES RELEASED MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER <input type="checkbox"/>
ID VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO * INSPECTION: <input type="checkbox"/> GRANTED <input type="checkbox"/> OTHER	Hours Research ____ @ \$ ____/hr \$ ____ Collected
CHRI LETTER COMPLETED: <input type="checkbox"/> *Inspection appointment required.	

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: