



Steamboat Springs Police Services

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

Phone: 970.879.1144 Fax: 970.870.1271
Email: policerecords@steamboatsprings.net

ADVISEMENT AND INSTRUCTIONS FOR RECORDS 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, Employment 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 left side 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: 970-870-1271
3. Request in person at the Front Desk of the Steamboat Springs Police Department during Business Hours.
Address: We are located at 840 Yampa, Steamboat Springs, CO. Except Holidays, our regular business hours are Monday through Thursday, 8:00 am -5:00 pm, and Friday, 8:00am-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)	\$20.00/DVD*
Fingerprints (day care, adoption, real estate, education, bail bondsman, etc.)	\$10.00
Liquor License Applicant Fingerprints	\$70.00
Medical Marijuana Dispensary/Retail Marijuana Applicant Fingerprints	\$50.00
PBTs	\$15.00
Records Check	\$15.00*
Report Copy	\$5.00*
Over 10 pages, per page charge	\$0.25
Sex Offender Registration	\$10.00
Statistical Search	\$30.00/hr*
Traffic Accident Report	\$5.00
VIN Checks (regular & certified)	\$20.00

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.**



Steamboat Springs Police Services

RECORDS 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

What type of Record would you like to request? <input type="checkbox"/> Report Copy (\$5.00)* <input type="checkbox"/> Records Check (\$15.00) * <input type="checkbox"/> Digital Media DVD (pick-up or mail only \$20.00) * <input type="checkbox"/> Statistical Research *	How would you like your approved request returned to you? <input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Faxed Unclaimed requests will be destroyed after 2 weeks. A new request with payment will be required.
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*Please see Fee Schedule

- -PLEASE PRINT CLEARLY--

REQUIRED Requestor Contact Information	LAST:	FIRST:	M:	
	MAILING ADDRESS:			Apt#
	CITY:	STATE:	ZIP:	
	EMAIL:	PHONE: ()	FAX: if applicable ()	
	REQUESTOR SIGNATURE:	Date of Birth:	Today's Date:	

NOTE: According to 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." *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.*

REPORT COPY Request (REQUIRED INFO)	SSPD Case # <u>P</u> _____ <i>To obtain your Case#, please contact us.</i>
	PURPOSE OF REQUEST:

RECORDS CHECK Request (REQUIRED INFO)	Choose ONE: <input type="checkbox"/> Complete Records Check: Includes ALL contacts with SSPD <input type="checkbox"/> Criminal Violations maintained by SSPD <i>*Response includes contacts through the date of the request. Any involvements occurring after the date of the request will not be included.</i>		
	SUBJECT LAST:	SUBJECT FIRST:	M:
	SUBJECT DATE OF BIRTH: / /	AKA:	
	The following information may help in the search. SSN:		*For time period of: _____ to _____

FOR OFFICIAL USE ONLY - THIS SECTION TO BE COMPLETED BY RECORDS DIVISION

_____/_____/_____ 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	INSPECTION: <input type="checkbox"/> GRANTED <input type="checkbox"/> PENDING	_____ Hours x \$ _____	FEES COLLECTED \$ _____
CHRI LETTER COMPLETED: Y / N	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: