



## Advisement and Instructions for Statistical Data Search

Persons seeking official documentation regarding statistics are required to submit the appropriate Statistical Data Search & Retrieval Form and pay the designated fee(s) before the request is processed.

### HOW CAN I SEARCH STATISTICS?

- By Incident Type - Accidents, Noise Complaints, etc.
- By Location - Specific Address, Business, or intersection
- Time Frame - Current year, month/weeks, specific date
- By specific Offenses and/or Statutes if known

### HOW DO I SUBMIT A STATISTICAL REQUEST?

Return completed form to Steamboat Springs Police:

- By email: [policerecords@steamboatsprings.net](mailto:policerecords@steamboatsprings.net)
- Via Fax: 970-871-7090

Provide as much detail as possible and choose *all that apply* for most accurate search results

### POLICE RECORDS FEE SCHEDULE

*\*Amounts shown are per item and for the **first hour***

Statistical Data Search	\$7.00
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\*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 **\$33/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, and Friday 8am-Noon at 970-879-4344.



## Statistical Data Search & Retrieval 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		

Search Incidents by
Choose all that apply: Type <input type="checkbox"/> Location <input type="checkbox"/> Time Frame <input type="checkbox"/> Offense/Statute <input type="checkbox"/>
Type: Ex. Accidents, Noise Complaints, Arrests
Location: Ex. Address, Business, Intersection
Time Frame: Ex. Current year, months/weeks, specific date
Offense/Statute: Ex. Assault, DUI, Shoplifting
Additional Search Notes:

### Additional fees may apply at a rate of \$33/hour

By signing this form, I acknowledge the **Records Search & Retrieval free of \$7.00 plus \$33.00 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. 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: