



601 Center Cir, Box 1167
Silverthorne, CO 80498
970 262 7320

Silverthorne Police Department

Request for Records Search

Date of request: _____

Check one:	<input type="checkbox"/>	Records/Background Check	\$5.00
	<input type="checkbox"/>	Criminal Report	\$5.00/1 st 20 pgs + 25 per add. page
	<input type="checkbox"/>	Accident Report	\$3.00
	<input type="checkbox"/>	Other Records	\$5.00+

Please print clearly:

Name of requester: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Incident/Case number: _____

If the case number is not known, please complete the following information:

Type of Incident: _____ Location: _____

Date: _____ Time: _____

Persons named in report: _____

Note: CRS Sec. 24-72-305.5 Access to records/Denial by custodian/Use of records

Records of official action, 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.

I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 Misdemeanor under CRS 24-72-309:

Signature _____ Date _____

Official Use Only

Records: Inspected (which reports?) _____

Released (which reports?) _____

Denied _____ Reason _____

ID verified _____

Custodian Signature _____ Date _____