



MONUMENT POLICE DEPARTMENT

645 Beacon Lite Road
Monument, CO 80132
719-481-3253
Fax: 719-884-8031
townofmonument.org



Record Release Form

Party Requesting Information			
Name:		Date of Birth:	
Address:		Telephone Number:	
I.D. Provided: (Attach Copy) <input type="checkbox"/>	Driver's License No.:	State:	Email Address:
Requested Record			
<input type="checkbox"/> Crime Report <input type="checkbox"/> Accident Report <input type="checkbox"/> Other: _____			
Record Requested			
Defendant's Full Name:		Date of Birth.:	Case No.:
Offense:		Date of the Incident:	
Pursuant to C.R.S. 24-72-305.5 Access to Records-Denial by custodian-Use to Obtain Information for Solicitation. 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 used for the direct solicitation of business for pecuniary gain.			
By signing this form, I acknowledge that I have read and understand the above Colorado Revised State Statute and am not requesting this information for solicitation of business of pecuniary gain.			
_____ Signature		_____ Date	
FEES: Cost per copy per page (black & white pages only) \$5.00 up to 10 pages, \$.25 for each additional page. ____pages x \$.25=____ Victim No Charge			

FOR OFFICE USE ONLY:

<input type="checkbox"/> Paid <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$_____ <input type="checkbox"/> Victim = No Charge	
Records released by:	Date
Records Denied:	Reason for Denial: <input type="checkbox"/> Contrary to State Statute <input type="checkbox"/> Prohibited by Rules of Order of Court <input type="checkbox"/> Contrary to Public Interest
Supervisor Approval:	Date: