



MONUMENT POLICE DEPARTMENT

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

Records Release Form

Case Number _____ Date of Incident _____ Offense _____

Person's Name _____ Alias _____ DOB _____

APPLICANT INFORMATION

NAME _____ DOB _____
Last First MI

ADDRESS _____ PHONE _____
Street City State

BUSINESS AGENCY (if applicable) _____

DRIVERS LICENSE NUMBER _____ STATE _____

EMAIL ADDRESS _____

24-72-305.5 Access to Records-Denial by Custodian-Use of Records 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 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 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.

Applicant signature _____ Date _____

FOR OFFICE USE ONLY

DENIAL OF INSPECTION: Reason for Denial

- () Contrary to State Statute
- () Prohibited by Rules of Order of Court
- () Contrary to Public Interest

Accident Report Crime Report/Narrative Released by: _____ Date _____
 Other: _____

FEES:

Cost per copy per page (black & white pages only)

Victim = No charge

\$5.00 up to 10 pages. \$0.25 for each additional page _____ Pages x \$.25 = \$ _____

Supervisor Approval: _____ Date: _____