

PALISADE POLICE DEPARTMENT
 175 E 3rd Street PO Box 128
 Palisade, CO 81526



CRIMINAL JUSTICE RECORDS
 Tues-Fri, 8:30am-4:30pm
 (970)464-5601

Submit in person or email to ppdinfo@townofpalisade.org or mail to address above

- Local background checks-\$10
- Basic reports-\$10-additional charges may be added for research and retrieval
- Sign and complete report request form with copy of photo ID

REPORT REQUEST WILL ONLY BE PROCESSED ONCE ALL ITEMS ARE SUBMITTED

Today's Date: _____

Legal Name (required): _____	Date of Birth (required): _____
Email: _____	Telephone Number(s): _____
Parent/Guardian of involved individual?	
Name: _____	Date of Birth: _____

Case Number(s): _____

If case number(s) are unknown, fill out all available information below	
Date(s) & Time(s):	
Location:	
Type of Incident(s) (e.g. accident, assault, theft):	
Involved Individual(s):	
Information Requested:	
<input type="checkbox"/> Body Worn Camera <input type="checkbox"/> Call Notes <input type="checkbox"/> Photos <input type="checkbox"/> Report <input type="checkbox"/> Other: _____	
(Background checks only) Name/Aliases:	Date of Birth:

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 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.

24-72-309 Violation – Penalty. Any person who willfully and knowingly violate the provisions of this part 3 is guilty of a misdemeanor and, upon conviction thereof, shall be punished by fine of not more than one hundred dollars, or by imprisonment in the county jail for not more than ninety days, or both such fine and imprisonment.

Signature

Date

**** By signing this form I acknowledge that I have read and understand the Colorado Revised State Statutes above****
NOTE: OFFICIAL CUSTODIAN MAY DENY ACCESS TO RECORDS FOR ANY LAWFUL REASON

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FOR DEPARTMENTAL USE ONLY

RECEIVED BY _____ DATE/TIME _____
ID VERIFIED BY _____
PREPARED BY _____ TOTAL DUE _____
R/P CONTACTED DATE _____ TIME _____
RELEASE METHOD: ___ IN PERSON ___ MAIL ___ FAX ___ EMAIL
RELEASED BY _____ DATE _____