



# OAK CREEK POLICE DEPARTMENT

## Records Request Form

The Records Request form is used to record a formal request for an inspection of public records in the custody of the Town of Oak Creek Police Department Records Division.

Upon completion by the requesting party, the Records Request Form will be retained in the file with the inspected record.

### Formal Request for Inspection of Public Records (PLEASE PRINT CLEARLY!)

Person Requesting Record:
Relationship to Case:
Address:
Mailing Address:
Primary Phone: <span style="float: right;">Alt Phone:</span>
Reason for Request:
Records Requested:
Record Type:
Number & Date of Record:
Principal Party(s) Involved

Pursuant to CRS 24-72-305.5 {the Colorado Open Records Act (CORA)}, records of official actions, criminal justice records, 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.

I am requesting a copy of the aforementioned record(s). I understand that a charge of \$5.00 will be applied to the first two pages copied, and thereafter, \$0.50 for each additional page copied. There are other fees that will apply to other requests. The Records Supervisor will disclose the anticipated cost before the request is processed. The Records Supervisor may require a fee equal to the anticipated cost of the request before the request will be processed. These charges may be waived/adjusted at the discretion of the Town of Oak Creek Police Department Records Division Supervisor or as required by law.

#### Formal Request for Inspection of Public Records Not Currently Available

I understand that my request for record(s) inspection cannot be satisfied at the present time because said record(s) are either in active use or archived in storage. Accordingly, I am requesting that a date and time on or before three (3) working days be designated so that I may return to conduct my inspection.

Requested by:	Date:
(Signature)	Time:

Request: 0 Approved 0 Denied (Reason for denial is hereto attached.)

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

- I have received the records as requested or
- I have received the written reason that my request has been denied

Received by:	Date:
(Signature)	Time: