



# BROOMFIELD POLICE DEPARTMENT Records Inspection Request Form

This form will allow you to inspect Broomfield Police Department record(s). The record(s) may be picked up or mailed within three working days of receipt of the request, payment, and validation of identification. You will be notified if the response time will be longer.

CASE # \_\_\_\_\_ CASE # \_\_\_\_\_ CASE # \_\_\_\_\_ CASE # \_\_\_\_\_  
CAD # \_\_\_\_\_ CAD # \_\_\_\_\_ CAD # \_\_\_\_\_ CAD # \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

TYPE OF REPORT:  Crime  CAD  Accident  Other \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_ DOB: \_\_\_\_\_

CHECK ONE:  MAIL  WILL PICK UP  Email: \_\_\_\_\_

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

### C.R.S. 24-72-306 Copies, printouts, or photographs of criminal justice records – fees authorized

(1) Criminal justice agencies may assess reasonable fees, not to exceed actual costs, including but not limited to personnel and equipment, for the search, retrieval, and copying of criminal justice records may waive fees at their discretion. Where the criminal justice agency is an agency or department of any county or municipality, the amount of such fees shall be established by the governing body of the county or municipality.

#### FEES:

1. Crime/Incident/Accident	\$5.00 first 10 pages, \$.25 each page thereafter
2. CAD Report	\$2.00 each
3. Local Background Check – Record/Clearance Letter	\$10.00 per person
4. Custom Research Fee	\$30.00 / hr. \$30.00 deposit required
5. Body Camera Video/Dispatch CD/Photos CD	\$20 per CD

C.R.S. 24-72-305.5 provides that the records custodian shall deny any person access to criminal justice records unless a statement is signed 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 SOLICITATION OF BUSINESS FOR MONETARY/PECUNIARY GAIN AND ACKNOWLEDGE THAT SUCH IS A VIOLATION PUNISHABLE AS A CLASS 3 MISDEMEANOR UNDER C.R.S. 24-72-309.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature (if you authorize to have your name remain in the report): \_\_\_\_\_

\*\*\*\*\*  
For Police Department Use Only

Approved  
 Denied Reason: \_\_\_\_\_

Records Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Date Requestor Notified: \_\_\_\_\_ By: \_\_\_\_\_

Date Requestor Picked Up Report: \_\_\_\_\_ Records Specialist: \_\_\_\_\_

ID CHECKED PAID BY:  CASH  CHECK  FEE WAIVED