

STERLING POLICE DEPARTMENT RECORDS REQUEST FORM

CITY OF STERLING REPORTS ONLY

Contact Numbers:
Office: 970-522-3512
Fax: 970-522-3511
Email:
 police@sterlingcolo.com

★ **REPORT FEES**

- Accident Reports:** \$1.50 search fee + .25 per page
- Criminal Justice Reports:** \$12.00 search fee + .25 per page
- If no crime was committed, the requestor will pay \$12.00 search fee + .25 per page

FOR OFFICE USE ONLY

Mail: Sterling Police Department, Attn: Records, POB 4000/421 N 4th St., Sterling, CO 80751-0400

INCIDENT DETAILS

- Motor Veh Accident
 Assault
 Burglary/Theft
 Child Abuse
 Disturbance
 Domestic Violence
 DUI
 Fraud
 ID Theft
 Vandalism
 Other: (Explain) _____

Incident Date & Time: _____ **Incident /Report Number (if known):** _____

Incident Location: _____

SEARCH INFORMATION

Name to be searched: _____
Last First MI

Address: _____

Sex: MALE FEMALE **Date of Birth:** _____ **If Juveniles Involved - See Back of Form**

Names of Other Parties involved: _____

Reporting Party (if known): _____

REQUESTOR INFORMATION

Full Name: _____	Phone: (_____) _____ - _____
Physical Address: _____	Email: _____
Mailing Address: _____	Fax: _____

Colorado Revised Statute Sec. 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. I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 Misdemeanor under Colorado Revised Statute 24-72-309.

Requestor's Signature: _____ **Date:** _____

- Mail
 Fax
 Pick Up
 Email

★ Photo ID with a signature is required for verification. Make all checks and money orders payable to City of Sterling.

★ All search fees are required paid in full at the time of request. No refunds on search fees are allowed.

FOR OFFICE USE ONLY

Date Requested: _____ **Requestor's Photo ID #:** _____
Fee Paid: \$ _____ **Receipt #:** _____ **Approved by:** _____
Denied by: _____ **Reason Denied:** _____
Received by: _____ **Copied by:** _____ **# of Pages:** _____ **Fee Paid: \$** _____ **Receipt #:** _____
Information released/mailed/emailed by: _____ **Date Released:** _____

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ATTESTATION FOR JUVENILE DEPENDENCY & NEGLECT RECORDS FORM

We are required by law to have documentation that the requestor of a report is a legal guardian of any juvenile involved in any incident or criminal justice report. Complete the following fields if you are the legal guardian of a juvenile in the report you are requesting.

I, (PRINT FULL NAME) _____, hereby attest to being the parent, guardian, legal custodian or other person responsible for the health or welfare* of the juvenile named below, or the assigned designee** of any such person of the juvenile named below.

Signature _____
Date

If you are requesting records as a **PARENT / LEGAL GUARDIAN: FOR EACH JUVENILE INVOLVED**
PRINT the **FIRST & LAST NAME** and **DATE OF BIRTH** and your relationship to each juvenile.

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>D O B</u>	<u>RELATIONSHIP</u>
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

*If you are requesting records as an "other person responsible for the health or welfare of the juvenile", please use the space below to describe your responsibilities and relationship to the juvenile.

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>D O B</u>	<u>RELATIONSHIP</u>
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

**If you are requesting records as the "assigned designee" of any person entitled to juvenile records, please provide a validly executed power of attorney.