



# Louisville



## Records Search Request

# **POLICE**

This completed form documents your request to inspect criminal justice records in the custody of the Louisville Police Department and will be retained in the record's file. This form is a public record and may be released.

There is no fee for the first twenty-five pages of each report. Most records are not available for immediate inspection or dissemination and will be ready for you within three weekdays. An extraordinary request such as a large data search or high volume copying may take more than three weekdays, and may require paying for the reports. If there could be a charge of more than \$20.00 you will be given an estimate first.

NOTE: C.R.S. 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.

The following information is necessary to process your request. Please provide as much information as possible. Colorado law requires your request contain information specific enough to identify the exact record being requested.

TYPE OF RECORD: \_\_\_\_\_ CASE REPORT # \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

PERSON INVOLVED IN REPORT: \_\_\_\_\_ DOB: \_\_\_\_\_

.....  
PERSON REQUESTING REPORT(S): \_\_\_\_\_

ADDRESS/AGENCY: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

**\*\*Please provide an email address to receive the record by means of the Internet and enclose a copy of your valid driver's license or government issued identification.**

E-MAIL ADDRESS: \_\_\_\_\_

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

By signing this form, I acknowledge that I have read and understand the above Colorado Revised Statute and affirm that the records of official actions and criminal justice records I am requesting shall not be used for the direct solicitation of business for pecuniary gain.

.....  
PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

Please email requests to [pdrecords@louisvilleco.gov](mailto:pdrecords@louisvilleco.gov)