



Louisville



Request for Criminal Justice Records

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.

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 requested. **Please provide an email address to receive the record by means of the Internet. ALL requests must be accompanied by a copy of the requestor's valid driver's license or government issued identification. Requests may be submitted via email to pdrecords@louisvilleco.gov.**

PERSON REQUESTING RECORD(S): _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CASE REPORT #: _____ TYPE OF INCIDENT: _____

ADDRESS OF INCIDENT: _____

DATE OF INCIDENT: _____

PERSON INVOLVED IN REPORT: _____ DOB: _____

INVOLVEMENT TYPE: VICTIM WITNESS SUSPECT COMPLAINANT ARRESTEE OTHER _____

.....
CHECK THE INFORMATION REQUESTED:

CASE REPORT FOR VICTIM: NO CHARGE TO PERSONS INDEXED AS A VICTIM OF THE REPORT

CASE REPORT: \$7.00 FOR EACH SEARCHED CASE REPORT (INCLUDES RETRIEVAL, COPYING OF THE FIRST 10 PAGES OF THE REPORT). THERE IS A FEE OF \$.25 PER EACH ADDITIONAL PAGE.

TRAFFIC ACCIDENT REPORT FOR INVOLVED PARTY: NO CHARGE TO PERSONS INVOLVED IN THE TRAFFIC ACCIDENT.

TRAFFIC ACCIDENT REPORT FOR UNINVOLVED PARTY: \$7.00 FOR EACH SEARCHED CASE REPORT (INCLUDES RETRIEVAL, COPYING OF THE FIRST 10 PAGES OF THE REPORT). THERE IS A FEE OF \$.25 PER EACH ADDITIONAL PAGE.

ADDRESS ACTIVITY REPORT: \$10.00 PER ADDRESS

CRIMINAL HISTORY REPORT: \$15.00 PER PERSON ONLY PERTAINS TO LPD RECORDS.

OTHER: _____

For Digital Media Requests (Photos, Audio, Body-Worn Camera Footage), please see separate Digital Media Request Form.

NOTE: Louisville Police Department charges fees for the search, retrieval, and redaction of criminal justice records in the amount of \$30 per hour of staff time, with the first hour free.

Payment can only be made via cash or check (made out to the City of Louisville.)

INCLUDE A COPY OF THE REQUESTOR'S VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED ID

SIGNATURE: _____ DATE: _____

By signing this form, I acknowledge that I have read and understand the below 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.

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.



SECTION BELOW TO BE COMPLETED BY RECORDS SECTION PERSONNEL ONLY

PROCESSED BY: _____ DATE: _____ TIME: _____

COMMENTS: _____

COST: \$ _____ PAID UNPAID VICTIM OTHER _____