

**STERLING POLICE DEPARTMENT RECORDS REQUEST FORM
CITY OF STERLING REPORTS ONLY**

Contact Numbers:
Office: 970-522-3512
Fax: 970-522-3511



REPORT FEES

Accident Reports: \$5.00 search fee + .25 per page

Criminal Justice Reports: \$15.00 search fee + .25 per page

If no crime was committed, the requestor will pay \$15.00 search fee + .25 per page

OFFICE USE

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

Email: spdr@sterlingcolo.com

INCIDENT DETAILS

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

Incident Location: _____

SEARCH INFORMATION

Name(s) to be searched: _____
Last First MI

Address: _____

Sex: MALE FEMALE

Date of Birth: _____

If Juveniles Involved - See Back of Form

BODY WORN CAMERA

\$15.00 Search Fee (does not include copies of the report)

Request may take up to 21 days to fulfill.

\$30.00 Copy and Redaction Fee, per hour, per Officer's camera footage requested.

Payment for the estimated time and work is due in advance and is non refundable.

Initials: _____

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.

**I have read the fee schedule associated with the request to produce criminal justice records and/or photo and video records.
I understand the fees and agree to pay according to the terms outlined above.**

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:** _____

Information released/mailed/emailed by on Date: _____

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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

FOR EACH JUVENILE INVOLVED ENTER 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 the "assigned designee" of any person entitled to juvenile records, please provide a validly executed power of attorney.

Victim of Sexual Assault Disclosure Statement

I _____ understand pursuant to Colorado Revised Statute 24-72-304, the name and identifying information of the victim of a sexual assault or attempted sexual assault must be deleted from the criminal justice record prior to the release to any person or agency other than a criminal justice agency. As a victim in this report, I am requesting that all identifying information pertaining to me NOT be deleted from the report.

Signature

Date