Lamar Police Department

RECORDS REQUEST FORM

Please provide the following information: Date of Request:

Case Number: Date Range for CFS:

Person Named in Report: DOB:

Address of Incident/CFS:

Relation to Report: ☐ Victim ☐ Witness ☐ Reporting Party ☐ Other (Explain)

Please select the records you are seeking to obtain:

☐ Case Report ☐ Calls for Service (CFS) ☐ Case Photos

☐ Body Worn Camera Video (May take up to 41 days)

☐ Video-Recordings from secured areas have a 30-day retention period from Incident Date

Requester Information:

Name: DOB:

Company/Representing (if applicable):

Address: City/State: Zip:

Phone: Fax: Email:

When Request is complete, how do you want to receive the documents? (Choose One)

☐ Mail ☐ Call to pick-up ☐ Email (address must be provided above) ☐ Fax (must be provided above)

PLEASE READ AND ACKNOWLEDGE BELOW

PURSUANT TO COLORADO REVISED STATUTE (CRS) 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND INFORMATION FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN.

PERSUANT TO COLORADO REVISED STATUE 24-72-306 LAMAR POLICE DEPARTMENT CHARGES $41.00 PER HOUR AFTER THE FIRST HOUR.

I HEREBY SWEAR AND AFFIRM THAT THE RECORDS I OBTAIN FROM THE LAMAR POLICE DEPARTMENT AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

Signature: Date:

Completed forms can be emailed to kenzi.tefertiller@ci.lamar.co.us. Payment is required upon completion. All records not picked up within 30 days will be destroyed.

Lamar Police Department is committed to digital accessibility. If you require the requested records in a specific accessible format, please let us know and we will work to accommodate your request. If a specific requested accommodation or modification cannot be provided, the Lamar Police Department will work with you to provide an alternative accommodation or modification.