

**BOULDER POLICE DEPARTMENT  
RECORDS & INFORMATION SERVICES RECORD REQUEST**

This form will allow you to request a Boulder Police Department record, and will become a permanent part of the file. The record copy may be picked up or mailed within three days of the date of the request. For most reports there is a fee that must be paid by cash or check prior to the record being released. Make checks payable to City of Boulder.

Fees: Report Copies - \$5.00 for the first 10 pages, and 25¢ for each page thereafter.  
Photos - \$7.00 per CD. Photos will only be released on CD.

Report requests and payment may be mailed to: Boulder Police Records  
1805 33<sup>rd</sup> Street  
Boulder CO 80301

You may fax this completed form to 303-441-4330 or scan and email it to [pdrecords@bouldercolorado.gov](mailto:pdrecords@bouldercolorado.gov). If you would like your report mailed, emailed or faxed to you, we must receive payment in advance. Please call us at 303-441-3300 if you have any questions. If you will be picking up your report in person, you may pay for it at that time.

Today's Date _____	Company Name (if applicable) _____
Name of Requester _____	
Address _____	
Phone _____	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Report Number* _____	Date of Report _____
*If the Report Number is unknown, please complete the following:	
Type of Report	<input type="checkbox"/> Crime <input type="checkbox"/> Arrest <input type="checkbox"/> Accident <input type="checkbox"/> Summons <input type="checkbox"/> Other/Unknown
Location of Incident _____	
Name of Person(s) Involved _____	
If there are photos associated with this report, I would like to receive them on a CD, for an additional \$7 fee. <input type="checkbox"/>	
Colorado Law 24-72-305.5 provides that the records custodian shall deny any person access to criminal justice records unless a statement is signed which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.	
<b>I AFFIRM THAT I SHALL NOT USE THE REQUESTED INFORMATION FOR SOLICITATION OF BUSINESS FOR MONETARY / PECUNIARY GAIN AND ACKNOWLEDGE THAT SUCH VIOLATION IS A CLASS 3 MISDEMEANOR UNDER C.R.S. 24-72-309.</b>	
_____ Signature of Requester	

Please select how you would like your report delivered. If you would like your report delivered via email, US mail or FAX, payment must be received in advance. If you would like to pay by credit card, check here  and provide your phone number above. We will call you for payment.

I will pick up my report       Email my report to \_\_\_\_\_  
 Mail my report       FAX my report to \_\_\_\_\_

<b>*** THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT ***</b>		
Disposition	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Records Specialist _____
Reason, if Denied _____		
Amount Due \$ _____	Payment Received on _____	Requester Notified on _____