



# BLACK HAWK POLICE DEPARTMENT REQUEST FOR RECORDS SEARCH

FOR CRIMINAL CASES PLEASE SUBMIT YOUR REQUESTS THROUGH THE DISCOVERY  
PROCESS WITH THE DISTRICT ATTORNEY'S OFFICE

DATE OF REQUEST
DATE OF INCIDENT
CR#

## REQUESTER INFORMATION

REQUESTER NAME		REQUESTER DOB
REQUESTER DL#	REQUESTER ADDRESS	REQUESTER PHONE#
REQUESTER EMAIL ADDRESS		

## TYPE OF RECORD REQUESTED

<input type="checkbox"/> TRAFFIC ACCIDENT	<input type="checkbox"/> ARREST/INCIDENT	<input type="checkbox"/> PHOTO
<input type="checkbox"/> BODY WORN CAMERA*	<input type="checkbox"/> DISPATCH AUDIO*	<input type="checkbox"/> SURVEILLANCE FOOTAGE*

\*PROCESSING REQUIRES FULL PLAYBACK OF ALL VIDEO/AUDIO BEFORE REDACTION BEGINS. WHEN REQUESTING BODY WORN CAMERA FROM AN INCIDENT WITH MULTIPLE OFFICERS RESPONDING, THERE MAY BE A LARGE AMOUNT OF VIDEO. FEES ARE CHARGED IN ACCORDANCE WITH THE CITY OF BLACK HAWK FEE SCHEDULE WHICH IS AVAILABLE ON THE CITY WEBSITE. A STATEMENT OF COSTS WILL BE PROVIDED AFTER A REQUEST IS MADE. NO RESEARCH WILL BE CONDUCTED UNTIL AFTER PAYMENT IS RECEIVED.

## IF THIS REQUEST IS FOR ARREST INFORMATION, PLEASE PROVIDE THE FOLLOWING:

ARRESTEE NAME	ARRESTEE DOB
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## REQUESTER'S INTEREST IN THIS INCIDENT


C.R.S. 24-74-305.5 ACCESS TO RECORDS – DENIAL BY CUSTODIAN – USE OF RECORDS TO OBTAIN INFORMATION FOR SOLICITATION. RECORDS OF OFFICIAL ACTION 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.

C.R.S. 24-72-309 – VIOLATION – PENALTY. ANY PERSON WHO WILLFULLY AND KNOWINGLY VIOLATES THE PROVISIONS OF THIS PART 3 IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS, OR BY IMPRISONMENT IN THE COUNTY JAIL FOR NOT MORE THAN NINETY DAYS OR BOTH SUCH FINE AND IMPRISONMENT.

## BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE C.R.S.

SIGNATURE	DATE
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## OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY
REQUEST RECEIVED	<input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL

<input type="checkbox"/> APPROVED	DATE	<input type="checkbox"/> DENIED	DATE
REPORT RELEASED BY	<input type="checkbox"/> REDACTED VERSION	<input type="checkbox"/> CONTRARY TO STATE STATUTE	
MEDIA RELEASED BY	<input type="checkbox"/> REDACTED VERSION	<input type="checkbox"/> PROHIBITED BY RULES OR ORDER OF COURT	
NOTES	<input type="checkbox"/> OTHER:		