

**TELLURIDE MARSHAL'S DEPARTMENT
RECORDS INSPECTION REQUEST FORM**

This form will allow you to inspect a Telluride Marshal's Department record(s), and will become a permanent part of the file. The record(s) may be picked up or mailed within three days of the date of the request.

DATE OF REQUEST _____

YOUR NAME _____

MAILING ADDRESS _____

CITY, STATE & ZIP _____

PHONE NUMBERS _____

E-MAIL ADDRESS _____

TYPE OF REPORT _____ **CASE # (if known)** _____

DATE & LOCATION OF INCIDENT _____

NAME OF PERSON(S) INVOLVED _____

FEES: \$ 5.00 for first 5 pages, 25 cents per additional page
 \$ 1.00 per color copy page
 \$15.00 per CD / DVD

Amount DUE \$ _____ **Will pick up** _____ **Mail** _____

Colorado law C.R.S. 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 record(s) shall not be used for direct solicitation of business or pecuniary gain.

**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.**

Your Signature

(over)

TO BE COMPLETED BY THE MARSHAL'S DEPARTMENT

DISPOSITION: APPROVED DENIED BY_____

REASON _____

DATE RETRIEVED _____ BY_____

DATE REQUESTER NOTIFIED_____