



**Silt Police Department**  
**PO Box 70**  
**970-876-2735 - Phone**  
**970-876-0205 – Fax**

**REQUEST FOR RECORDS**

Date of request \_\_\_\_\_ Silt PD Report No. \_\_\_\_\_

Person named in report \_\_\_\_\_ DOB \_\_\_\_\_

Date on incident \_\_\_\_\_ Nature of incident \_\_\_\_\_

Name of requestor \_\_\_\_\_ DOB \_\_\_\_\_

Phone number \_\_\_\_\_

- Request the release of:
- Records of official action (records check)
  - Police Report
  - Other criminal justice records
  - Traffic accident report

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**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 for soliciting business for "Pecuniary Gain". The official custodian shall deny and 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.

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By signing this form I acknowledge that I have read and understood the above Colorado Revised Statute.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Identification \_\_\_\_\_

Fee: \$2.00 for deposit and first two pages. .50 per page thereafter

Amount owed \_\_\_\_\_

Copy furnished date _____	Time _____
Denial of inspection	<input type="checkbox"/> Contrary to State Statute <input type="checkbox"/> Prohibited by rules or order of the court <input type="checkbox"/> Contrary to public interest <input type="checkbox"/> Other _____
Date _____	Time _____
Record Custodian's signature _____	