

**Edgewater Police Department**

1800 Harlan Street #2

Edgewater, Co 80214

303-235-0500



# RECORDS REQUEST

(PRINT OR TYPE CLEARLY)

CASE REPORTING NUMBER	DATE OF REQUEST
PERSON MAKING REQUEST	DATE OF BIRTH
DRIVER LICENSE#/STATE	PHONE #:
HOME ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
PLEASE CHECK ONE: <input type="checkbox"/> PICK-UP <input type="checkbox"/> MAIL REPORT TO HOME ADDRESS- <i>please send check or money order (payable to the City of Edgewater) for \$5.00 along with a copy of your driver's license.</i> <input type="checkbox"/> EMAIL:	

TYPE OF REQUEST (CHECK RECORD NEEDED)

TRAFFIC ACCIDENT  OFFENSE REPORT  MEDIA- *Photos, Video, Bodycams*  OTHER: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PER COLORADO REVISED STATUE 24-72-305.5-1 AFFIRM THE RECORDS OBTAINED SHALL NOT BE USED FOR DIRECT SOLICITATION OF BUSINESS FOR PECUINARY GAIN**

**FOR OFFICE USE ONLY**

FEE PAID \_\_\_\_\_ APPROVED BY \_\_\_\_\_

ID VERIFIED \_\_\_\_\_

Notes \_\_\_\_\_