



EDGEWATER MUNICIPAL COURT

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MUNICIPAL COURT RECORDS REQUEST

Date of Request: _____ Time of Request: _____ AM PM

Person Making Request: _____

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Phone #: _____ Alt/Cell Phone #: _____

Description of information requested: _____

Service Description	Reference	Fee Amount
Audio Recordings	C.R.S. 24-72-306	\$5.00
Photocopies	C.R.S. 24-72-306	\$0.25 per page
Court Transcripts	EMC 2-5-20	Actual Cost + \$25.00
Research & Retrieval (Includes time spent inspecting & redacting exempt information. May include staff time spent on supervising the record inspection.)	C.R.S. 24-72-306	Excess of 1 Hour - \$30.00/Hour

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

SIGNATURE: _____ Date: _____

For Internal Office Use:	
Notes:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Method of Response:
Date Request Completed and Initials:	Amount Prepaid: \$
If Denied, basis for denial:	Balance Due Before Release: \$
	Total Amount Paid: \$