



# CITY OF CAÑON CITY

Police Department

161 Justice Center Road  
Cañon City, CO 81212  
(719) 269-9011 • [www.canoncity.gov](http://www.canoncity.gov)

## Records Request

Request forms can be emailed to [records@canoncity.gov](mailto:records@canoncity.gov)  
or dropped off at 161 Justice Center Rd. Canon City, CO  
81212 during normal business hours.

***Fees are due at the time of your request.***

### REQUESTER'S INFORMATION

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Representing (Name of Company): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CASE REPORT** \$.25 per BW page (lengthy requests will be charged for the time spent processing the requests, at a rate of \$33/hour billed in 15 minute increments after the first hour)

☐ Traffic Accident Report

☐ Police Report

Case # (If known): \_\_\_\_\_ or Type of Incident: (i.e. Domestic, Theft) \_\_\_\_\_

Date of Incident (approx.): \_\_\_\_\_ Time of Incident (approx.): \_\_\_\_\_

Location/Address of Incident: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

**DIGITAL MEDIA** – Printed (4 Photos per page) \$1.00 per page; CD/DVD \$5.00 per disc; Flash Drive \$10.00 per drive

☐ Photographs (if applicable)

☐ Bodycam/Video/Audio Recordings (if applicable)

**BACKGROUND CHECK** - \$10.00; additional fees apply for any reports requested

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Other Names (AKA/Maiden): \_\_\_\_\_

**OTHER/MISC** – Fees may apply

(Please specify: date/time/involved parties/details):

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### PECUNIARY GAIN AFFIRMATION

**Pursuant to C.R.S. 24-72-305.5:** 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 of soliciting business for pecuniary gain. ***By signing this form, I acknowledge and affirm that the records I obtain from the Canon City Police Department as a result of this request shall not be used for the direct solicitation of business for pecuniary gain.***

**NOTICE:** Records not picked up after 30 days from notification will need to be reordered. No refunds will be given/new fees will apply.

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Case Reports/Traffic Accident Reports (\$0.25 per page)	\$ _____
Printed Color Photos (\$1.00 per page)	\$ _____
Background Check (\$10.00 per person)	\$ _____
CD/DVD (\$5.00)	\$ _____
Thumb Drive (\$10.00)	\$ _____
Research and Processing Time (\$33.00 per hour or 8.25/15 min) First Hour Free	\$ _____
____ h ____ m	<b>Total Charges:</b> \$ _____

Method of Delivery: ☐ Waited ☐ Pick-Up ☐ Fax ☐ Mail ☐ E-Mail

**Records Denied (Any denial will come with a written explanation from Records Manager on Letterhead):**

\_\_\_\_ Contrary to State Statute      \_\_\_\_ Contrary to Public Interest      \_\_\_\_ Prohibited by Rules or Court Order

**Explanation:**

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**Amount Paid:** \_\_\_\_\_ **I.D. Verified:** \_\_\_\_\_ **Amount Owed:** \_\_\_\_\_ [ ] Paid

**Payment Type:** ☐ Cash ☐ Check ☐ Other:

1. **Date/Time Contacted:** \_\_\_\_\_ **L/M** \_\_\_\_\_ **Notes:** \_\_\_\_\_

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2. **Date/Time Contacted:** \_\_\_\_\_ **L/M** \_\_\_\_\_ **Notes:** \_\_\_\_\_

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3. **Date/Time Contacted:** \_\_\_\_\_ **L/M** \_\_\_\_\_ **Notes:** \_\_\_\_\_

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**Processed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_