



# Pitkin County Sheriff's Office Records Department

530 E. Main St. Suite 103, Aspen, CO 81611 • ph (970) 920-5300 • fax (970) 920-5307 •  
records@pitkinsheriff.com

## REQUEST FOR REPORT COPY

The Pitkin County Sheriff's Office has developed policies and procedures in compliance with Colorado state statutes regarding the release of reports, balancing public disclosure with the right to privacy. Release of case reports is dependent on a variety of circumstances, such as, but not limited to the type of report, status of the investigation, and ages of the individuals involved in the report. Colorado state statutes prohibit the release of certain case reports or information relating to at-risk adults, juveniles, victims of crime and on-going police investigations. Reports will be reviewed by appropriate personnel to determine if reports can be released. In some instances, the released report may have certain information redacted. Copies of case reports are generally available within three working days after the incident has been reported. Completed forms can be faxed, mailed or brought in to the Pitkin County Sheriff's Office. No reports will be released without a signed and completed request form and the appropriate fees paid.

<b>FEES:</b>	Accidents Reports	\$7.00
	Case Reports	\$7.00 search per report, plus \$ .25 per page
	Mug Shot	\$5.00 each
	Video	\$30 per case minimum, plus \$30/hour research fee

**PLEASE PRINT:**

Car Accident \_\_\_\_\_ Crime/Incident \_\_\_\_\_ Type of Incident \_\_\_\_\_ Mug Shot \_\_\_\_\_

Requestors Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Fax \_\_\_\_\_ Email Address: \_\_\_\_\_

Police Report # \_\_\_\_\_ Deputy's Name \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Incident Location \_\_\_\_\_

Involved Party(ies) \_\_\_\_\_

Additional Information \_\_\_\_\_

I wish to have this information: Mailed \_\_\_\_\_ Faxed \_\_\_\_\_ Emailed: \_\_\_\_\_ Picked-Up: \_\_\_\_\_

I affirm that these records shall not be used for direct solicitation of business for pecuniary gain, in accordance with CRS 24-72-305.5.

**Requestor's Signature** \_\_\_\_\_

Credit Card # (MC or VISA only): \_\_\_\_\_ Exp Date: \_\_\_\_\_ V-Code \_\_\_\_\_

For Office Use Only Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_

Fee: \_\_\_\_\_ Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ Staff Initials \_\_\_\_\_