FOUNTAIN POLICE DEPARTMENT

MARK A. CRISTIANI CHIEF OF POLICE

CASE REPORT / CALLS FOR SERVICE REQUEST FORM

Records will be released within 3 business days after the report is completed. (Please note that not all reports are releasable.)

Name	Contact Phone
Address	Alternate Contact Phone
Reason for request/Rel	ationship to incident
Method to receive reco	ords? [In Person [Email *only if paid in full with request
Type of Record:	
CASE REPORT \$10.00 1 st 10 pages, .5	0 each add. page
Report Number	Type of Case
Are you listed as the	victim of this crime in the case report? Y N
Date	Address
CALLS FOR SER	
Single:\$6.00 1 st 10 pa	ges, .50 each add. page Premise History (per address):\$10.00 1 st 10 pages, .50 each add. page
Address we responded	to
Dates: From	To
justice records and the name soliciting business for pecu	rds – denial by custodian – use of records to obtain information for solicitation. Records of official actions and criminal es, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of niary gain. The official custodian shall deny any person access to records of official actions and criminal justice records tatement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.
By signing this form I a	cknowledge that I have read and understand the Colorado Revised Statute above.
Signature	Date
IMPORTANT – PLEA	SE READ: There is a Non-Refundable Research Fee of \$5.00 to be paid when request is made. This fee will be applied to the cost of the total amount due for records.
	de IN FULL prior to release. Cash or credit card payments must be made in person, or check or money •der payments can be sent by mail. There is no online payment option at this time.
FOR DEPARTMENT US	SE ONLY:
ID VER IFIED BY	RELEASED BY AMT PAID AT TIME OF REQUEST\$
TOTAL FEE \$	- AMT PAID \$ = BALANCE DUE UPON PICKUP \$
RELEASE METHOD: IN	PERSON MAIL EMAIL FAX RELEASE DATE/TIME
NOTES:	