



# Records Request

Phone: 970-962-2267 Fax: 970-962-2916

Email: records@cityofloveland.org

810 E. 10th Street Suite 100, Loveland, CO 80537

Date and Time of Request: \_\_\_\_\_ Case/Incident# \_\_\_\_\_

## Your Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

*By my signature below, I affirm that the names, addresses, telephone numbers and any other information in this record shall not be used for the purpose of soliciting business for pecuniary gain. Booking photographs will not be placed in a publication or posted to a web site that requires the payment of a fee or other exchange for pecuniary gain in order to remove or delete the booking photograph from the publication or web site. Colorado revised statute 24-72-305.5*

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

## Complete Appropriate Section for Records Requested: Case/Incident # \_\_\_\_\_

**Case Report:** Incident Date/Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Nature of Incident: \_\_\_\_\_

Person Involved: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

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## List of Calls for Service at Exact Address: \_\_\_\_\_

Date Range: \_\_\_\_\_ (10 years plus current year are available)

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**Other:** \_\_\_\_\_

## Please Mark Type of Records Requested:

- Case or Incident Reports, Calls for Service, Other Records (does not include digital media)
- Digital Media (photos, dispatch recordings, videos, etc.) Dispatch recordings avail. August 2022 - present.

Payment is accepted in **cash, check or credit card**

The **fee for records** is 1-20 pages – no charge; 21+ pages – \$5 plus 25¢/page. The **fee for digital media** is \$15 per disc.

In addition, the research, retrieval, redaction & creation fee for records and digital media (after the first 15 minutes) is \$35/hour, minimum of one quarter hour.

A 50% non-refundable **deposit** is required at the time of request based on an estimation of cost.

Generally, the requested criminal justice records will not be available within 14 days of the date of the incident.

Requested record copies will be held for 10 business days and then destroyed.

**For LPD Use Only:** Total Cost \$ \_\_\_\_\_ Deposit Paid: \$ \_\_\_\_\_ Other Fees Paid: \$ \_\_\_\_\_ Amt Due at Release: \$ \_\_\_\_\_

Records Released: \_\_\_\_\_

Comments: \_\_\_\_\_

Custodian: \_\_\_\_\_ Date: \_\_\_\_\_  DA notified (victim requestors/county court) -See reverse side-



LPD Case/Incident # \_\_\_\_\_

Date: \_\_\_\_\_

Released By: \_\_\_\_\_

Citizen requested no attachments

The following documents have not been released with your request pursuant to the Children's Code, the Colorado Criminal Justice Records Act, other information protection laws, rules or regulations, contract or court order:

For records belonging to outside agencies, the requestor shall refer to the records custodians of those agencies for copies.

\_\_\_\_\_ Law Enforcement Only Information (CBI/FBI)

\_\_\_\_\_ Thompson Valley EMS (TVEMS)

\_\_\_\_\_ Loveland Fire Rescue Authority (LFRA)

\_\_\_\_\_ Larimer County Department of Human Services (DHS)

\_\_\_\_\_ Thompson School District (TSD)

\_\_\_\_\_ Island Grove

\_\_\_\_\_ Financial Documents

\_\_\_\_\_ Medical Documents

\_\_\_\_\_ Leads on Line

\_\_\_\_\_ Photo Lineups

\_\_\_\_\_ Other: (specify) \_\_\_\_\_

\_\_\_\_\_ Other: (specify) \_\_\_\_\_

\_\_\_\_\_ Other: (specify) \_\_\_\_\_