

# PITKIN COUNTY SHERIFF'S OFFICE

## REQUEST FOR DISPATCH RECORDING

Records Department: 970-920-5300  
 530 E. Main St. Suite 103 Aspen, CO 81611

Fax Requests to: 970-920-5307  
 Email Requests to: records@pitkinsheriff.com

Fees: \$15.00 per audio CD

Extensive Communications Search: \$25.00 per hour

*We are happy to help you with your request for information, pursuant to the Colorado Open Records Law as found in Title 24 Article 72 of the Colorado Revised Statutes.*

### Requestor Information:

Name:	Affiliation:	Fee Applies
Address:	Fee Waived	<input type="checkbox"/> Subject
	<input type="checkbox"/> Police/Sheriff	<input type="checkbox"/> Media
City:	<input type="checkbox"/> District Attorney	<input type="checkbox"/> Attorney
State:		<input type="checkbox"/> Other
Zip:	State:	Zip:
Email:	Phone No.:	Fax No.:

### Incident Information:

Date of Incident:	Time of Incident:	Incident Address:
Responding Officer:	Caller's Name:	
Case Number:	Name(s) of Involved Parties:	
Description of Incident:		
Please describe exactly what you want recorded:		

### Media Options:

<input type="checkbox"/> Attach recording to Case Report (Law Enforcement Only)	<input type="checkbox"/> Include printed CAD report
<input type="checkbox"/> Audio CD ( WAV file)	<input type="checkbox"/> I will pick up the CD
	<input type="checkbox"/> Please mail the CD

Your signature affirms your agreement that you will not use the requested records for the direct solicitation of business for pecuniary gain in accordance with CRS 24-72-305.5.

Requestor's Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

For fax or mail requests:

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 \_\_\_\_\_