



Pitkin County Sheriff's Office Records Department

506 E. Main St. Suite 204, 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.

| | | |
|--------------|-------------------|--|
| FEES: | Accidents Reports | \$7.00 |
| | Case Reports | \$7.00 search per report, plus \$.25 per page |
| | Mug Shot | \$5.00 each |

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 _____