



SEVERANCE POLICE DEPARTMENT REQUEST FOR CRIMINAL JUSTICE RECORDS

Severance Police Department will provide records in its custody that are legally permissible for public inspection within the provisions of Colorado Revised Statutes.

Requests for records must be made in writing on the accompanying Request for Criminal Justice Records form. The completed form can be submitted to Severance Police Department via emailed to records@townofseverance.org or in person at Severance Town Hall; 3 S. Timber Ridge Parkway in Severance, Colorado 80550.

PROCESSING TIME

Records are generally not available within 7 days of the date of an incident. Please allow three business days for a response to your request. Active investigations, archived, and/or large case files/requests may not be immediately available; these requests may take longer to process or may need to be obtained through the Weld County District Attorney's Office.

You will be notified when your request has been completed. Records not collected within 21 days of notice of completion will be destroyed.

DENIAL: Should your request be denied, you will receive a written explanation for the denial.

FEES

Fees are non-refundable and payable in cash, check, or credit/debit card. (3% fee when using credit/debit card)

Case Report \$5.00 plus \$0.25 per page

Body Worn Camera \$45/ hour for research, retrieval, redaction, and copy + \$5.00 per 100 MB data
NONREFUNDABLE DEPOSIT IS REQUIRED -minimum of one hour

Case Photos \$5.00 per 100 MB data

911 Dispatch Call Notes \$5.00 plus \$0.25 per page

3 South Timber Ridge Parkway
Severance, CO 80550

Office: 970-686-1218
Fax: 970-350-2651

www.townofseverance.org



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Severance Police Department will provide records in its custody that are legally permissible for public inspection within the provisions of Colorado Revised Statutes. Severance Police Department authorizes dissemination only to the below requestor; secondary dissemination may violate state law.

Date of Request: _____

Incident Information:

Case/Incident Number:	Date of Incident:
Type of Incident:	Location of Incident:
Person(s) Involved Name:	Person Involved Date of Birth:

Requestor Information:

Requestor Name:	
Relationship to Involved Person:	Company/Agency:
Address:	
Email Address:	Phone Number:

Record(s) Requested:

☐ Case Report ☐ Body Worn Camera Footage ☐ 911 Dispatch Call notes

☐ Case Photos

☐ Other: _____

Colorado Revised Statute 24-72-305.5: Records of official actions, criminal justice records, or the names, addresses, telephone numbers and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a petty offense under Colorado Revised Statute 24-72-309.

****PLEASE INCLUDE COPY OF PHOTO ID WITH REQUEST****

Requestor Signature

Date

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