



Combined Regional Communications Authority

136 Justice Center Rd. #400

Canon City, CO 81212

719-792-6411

www.crca911co.gov

DISPATCH RECORDS REQUEST

Your Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Requesting Agency Name or Relationship: (victim, suspect, etc.) _____

Responding Agency Name: _____ Agency Case/Event Number: _____

Date of Incident: _____ Incident Address: _____

Person (s) Involved: _____

Type of record: *Incident event log (CAD card) _____ *List of calls _____ *Audio Recording _____

Purpose/Reason for requesting record:

Fees: Audio recording fees are \$30.00 per hour including any related redaction, preparation, and storage fees. All audio fees will be rounded to the nearest quarter hour. Requests will be fulfilled digitally and delivered via email unless otherwise requested, or if the data amount is too large for email delivery. If provided in hard copy or thumb drive form, the following fees apply in addition to any applicable audio recording fees: \$0.25 per page, or \$2.50 for a thumb drive. If mailed, applicable postage fees will be charged.

*****Payment can be made by cash, local, or cashier's check only. We do not accept credit/debit cards. If paying with cash, you must have exact change. No change will be given. *****

Pursuant to C.R.S. 24-72-305.5: Records of official actions and criminal justice records and 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.

By signing this form, I acknowledge and affirm that the records I obtain from Combined Regional Communications Authority as a result of this request shall not be used for the direct solicitation of business for pecuniary gain.

Requester signature: _____ Date: _____

* ID must be verified before records will be released. Please provide a copy of your government issued photo ID.

NOTICE: Records not picked up after 30 days from notification will need to be reordered. No refunds will be given, and new fees will apply.

OFFICIAL USE ONLY:

ID Verified: YES ___ NO ___ Amount Owed: _____

Payment Type: Cash _____ or check (check number) _____

Reason for Denial or Unprocessed: _____

Date/Time Contacted: _____ Msg: _____ Notes: _____

Records Released by : Email ___ Fax ___ USPS Mail ___ In Person ___

Processed by: _____ Date: _____

By signing below, you affirm the receipt and payment of any and all records as requested above.

Print Name: _____ Date: _____

Signature: _____