



# 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 local, or cashier's check only. We do not accept cash or credit/debit cards. \*\*\*\*

**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: \_\_\_\_\_ (If by 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: \_\_\_\_\_