



Records Request

Phone: 970-962-2267 Fax: 970-962-2916
Email: records@cityofloveland.org
810 E. 10th Street Suite 100, Loveland, CO 80537

Date and Time of Request: _____ Case/Incident# _____

Your Information:

Name: _____ Phone #: _____ Fax#: _____

Address: _____

Email: _____

By my signature below, I affirm that the names, addresses, telephone numbers and any other information in this record shall not be used for the purpose of soliciting business for pecuniary gain. Booking photographs will not be placed in a publication or posted to a web site that requires the payment of a fee or other exchange for pecuniary gain in order to remove or delete the booking photograph from the publication or web site. Colorado revised statute 24-72-305.5

Signature Required: _____ Date: _____

Complete Appropriate Section for Records Requested: Case/Incident # _____

Case Report: Incident Date/Time: _____ Incident Location: _____

Nature of Incident: _____

Person Involved: _____ DOB: _____ Address: _____

List of Calls for Service at Exact Address: _____

Date Range: _____ (10 years plus current year are available)

Other: _____

Please Mark Type of Records Requested:

- Case or Incident Reports, Calls for Service, Other Records (does not include digital media)
- Digital Media (photos, dispatch recordings, videos, etc.) Dispatch recordings avail. August 2022 - present.

Payment is accepted in **cash, check or credit card.**

The **fee for records** is 1-20 pages – no charge; 21+ pages – \$5 plus 25¢/page. The **fee for digital media** is \$15 per disc.

In addition, the research, retrieval, redaction & creation fee for records **and** digital media (after the first 15 minutes) is \$35/hour, minimum of one quarter hour.

A 50% non-refundable **deposit** is required at the time of request based on an estimation of cost.

Generally, the requested criminal justice records will not be available within 14 days of the date of the incident.

Requested record copies will be held for 10 business days and then destroyed.

For LPD Use Only: Total Cost \$ _____ Deposit Paid: \$ _____ Other Fees Paid: \$ _____ Amt Due at Release: \$ _____

Records Released: _____

Comments: _____

Custodian: _____ Date: _____ DA notified (victim requestors/county court) -See reverse side-

