



Mead Police Department
 537 Main St
 P.O. Box 31
 Mead, CO 80542
 970-805-4194 phone / 970-535-4770 fax
www.townofmead.org/police



Report Information Request

Requesting Person's Information

Full Name _____ Date of request _____
 Date of birth _____
 Full mailing address _____
 City, State & Zip Code _____
 Phone number _____ E-mail _____

Incident Information

Date of Incident: _____ Case Number _____
 (if known): _____
 Type of incident: _____

Location of incident: _____

Were you involved in this incident? Yes No

If you answered no, please state the name of the person who is involved and your relationship with this person.

Due to current state and federal laws, all or some of the information on an incident report may not be available for release. Copies of incident reports may be obtained in-person, by mail, by e-mail, or by fax. The Mead Police Records Department is open for in-person requests Monday through Friday, 9:00 AM to 4:00 PM. There is a charge of \$7.50, payable at time of request, for a copy of the report. This charge includes up to 10 pages of the report, additional pages will be charged at \$.25 per page. A minimum of three working days may be necessary to process your request and produce a copy of the report. A report may not be available prior to 10 days from the incident date. If you have not made arrangements or picked up the report within 14 days of the date the copy is made available, it will be destroyed. **There is no charge for reports for victims of a crime.**

Colorado law 24-72-305.5 provides that the records custodian shall deny any person access to criminal justice records unless a statement is signed 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
 SOLICITATION OF BUSINESS OR MONETARY/PECUNIARY GAIN AND ACKNOWLEDGE
 THAT SUCH VIOLATION IS A CLASS 3 MISDEMEANOR UNDER C.R.S. 24-72-305.5.

 Your Signature

Office Use Only

No Record Found Need More Information Copy Released Request Denied Destroyed

Fee due: _____ Date request received: _____ Date provided/destroyed: _____

Employee Releasing Report: _____ Remarks: _____

Requesting party notified by: _____ Date: _____ Time: _____