

EDGEWATER POLICE DEPARTMENT

5901 SHERIDAN BLVD
EDGEWATER, CO 80214
303-235-0500

RECORDS REQUEST (Print or Type Clearly)

Case Reporting Number	Date of Request
Person Making Request	Date of Birth
Driver's License #/State	
Home address <hr/>	Phone
City _____ State _____ Zip _____	
Please check one: <input type="checkbox"/> Pick up <input type="checkbox"/> Mail report to Home Address <input type="checkbox"/> Fax to number () _____ - _____ <input type="checkbox"/> Email :	

Type of Request (Check Record Needed)	Name of Person(s) "Involved" in the Report
Accident _____	_____
Full Report _____	_____
Type of Incident _____	Date of Incident _____

Reason for Request: _____

By Mail - Please send check or money order (Payable to the City of Edgewater) for \$ _____ along with a copy of your Driver's License and completed form to above address.

PER COLORADO REVISED STATUTES 24-72-305.5 – I AFFIRM THE RECORDS OBTAINED SHALL NOT BE USED FOR DIRECT SOLITATION OF BUSINESS FOR PECUNIARY GAIN.

SIGNATURE: _____

FOR OFFICE USE ONLY

Fee Paid _____ Approved by _____

ID Verified _____